MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11294 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Maryland Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Williamsburg Cambridge d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Box 121 Cambridge Maryland Hospital Inc. YES NO 3. NAME OF Middle Lost 4. DATE Doy DECEASED Aldridge 19 66 Linette August Jacqueline DEATH (Type or print) B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Days August 15 1966 Negro WIDOWED DIVORCED Female 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? INDUSTRY Dorchester, Maryland United States None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Dianne Sheffield Charles Mac Arthur Aldridge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Williamsburg, Md. Mother None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Aspiration of Formula IMMEDIATE CAUSE (o) **DUE TO** Prematurity Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Immaturity PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES K NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) 20d. INJURY OCCURRED O 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While , 19 66, to . 19 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceosed from____ 8-21 8-15 8-20 19 66, and that death accurred of 12:3 M, from causes and an the date stated obove. saw the deceased alive an_ 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING M.D. PHYS 22d, ADDRESS 22c. PHYSICIAN'S Dr Eldridge H Wolf 615 Locust St. Cambridge Maryland NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

Waugh

Cambridge. Md.

ADDRESS

(County)

Charles

25b. REGISTRAR'S SIGNATURE

Cambridge

1966

2So. REC'D BY REGISTRAR AUG 29

DATE

Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate directar,

23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

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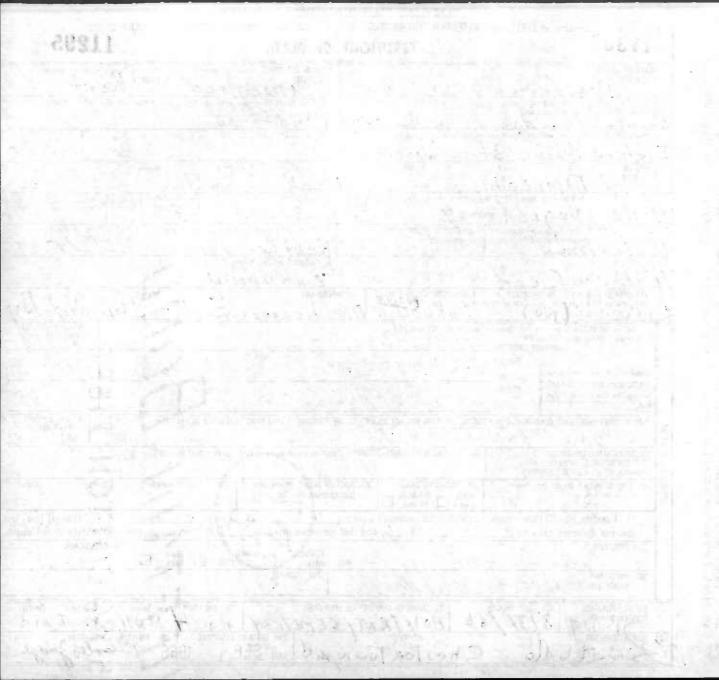
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11306 OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. ond 2 by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) f. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Puse remove carbon papers. Pages 1 ond in ony event, within 72 hours after c. CITY OR TOWN (If aux de carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b autside carporote write RURAL applique neorest town e. IS RESIDENCE ON A FARM? .= OR INSTITUTION of not in hospital, give street address) d. STREET ADDRESS filled YES | NO X Middle 3. NAME OF Last 4. DATE Month Day Year completely DECEASED 19 66 (Type or print) 0 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX AGE (In years COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? during mast of warking life, even if reticed) INDUSTRY Waterman

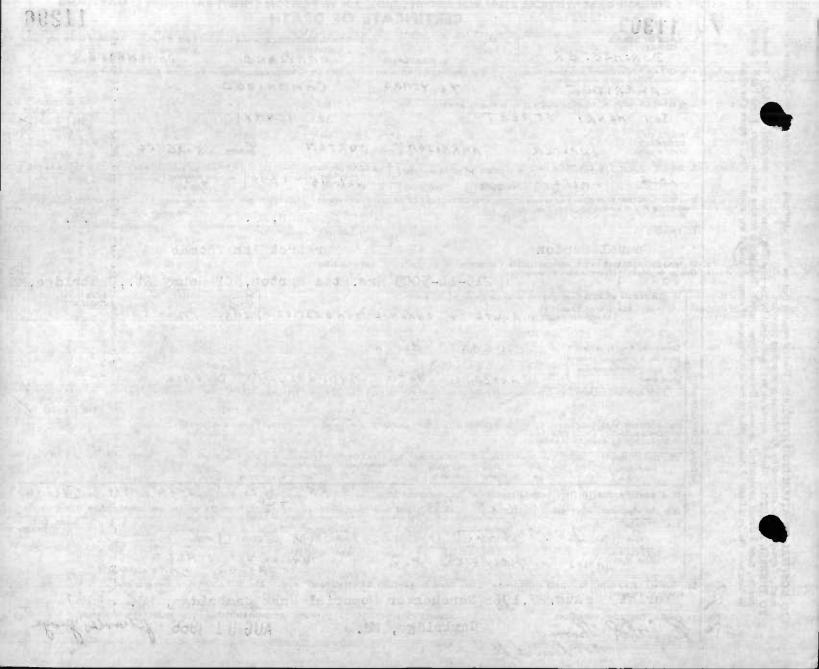
13. FATHER'S NAME cremation, or removal KNOWI 16. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by physician. DUE TO VASCULAR ACCIDENT. burial, Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause Poge 4 moy be retained by the hospital or attending IO FUNERAL DIRECTOR: After this certificate hos been prior to use os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPS PERFORMED? 3 shauld be detoched for use with the Stote Dept. of Health NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part fl of item 1B.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20d INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Not While at wark at wark 21. I certify that (1) (this hospital) attended the deceased from by 1 19 Coler to OX - 2xsow the deceosed olive on 03-28 19 /ele, and that death occurred at 3 EDM, from causes and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (Caunty) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ICR TOWN



death. Page 4. Se retained by the hospital or attending physician.

TO FUNERAL 1. CLOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then places remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. VR A1S (4)

DIVISION OF STATISTICAL RESEARCH AND RECORDS		F HEA				
11307 CERTIFICAT	E OF DEATH	1	ET, BALTIM	ORE I, MAN	11	296
PLACE OF DEATH a. COUNTY DORCHESTER MARYLAND	2. USUAL RESIDENCE a. STATE MARYL	AND	b. COUN	TY ORCHEST	ER	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CAMBRIDGE c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I			RURAL and give	nearest to	wn)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 301 HENRY STREET	d. STREET ADDRESS	NRY			ON	A FARM
NAME OF First Middle DECEASED (Type or print) WALTER HARRISON	BURTON	4. DATE OF DEAT	** **		, Ye.	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	NOV. 16, 18	390	9. AGE (In years last birthday) 75/1/6/yrs.	Months Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life even if religed)	Madison,	, Md.	or foreign country)	12. CITIZEN	U.S.	COUNTRY
is. father's name Samuel Burton	14. MOTHER'S MAIDEN Margare		Thomas			
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	INFORMANT	19/18	Address		mbri	dge,
Conditions, if any, which gave rise to immediate cause (a), stating the underfying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	LARDIOVASC		DISEAS C			
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M)		1130	8	CERT	TIFICATE	OF DEATH			11297
63		PLACE OF DEATH	rchester		AADVIAND	a STATE	Where deceased lived, if institution b. (0)	IINTY	e before admission)
	-		f outside corparate limits		AARYLAND AY IN 16		y Latio tside carporate limits, write R		
		write RURAL and	give nearest tawn) ridge	33 у	re.		bridge		19.1
	-			t in hospital, give street address)		d. STREET ADDRESS	DILUGO		e. IS RESIDENCE
63		Cambrid	ge Marvla	nd Hospital		1020	Pine Stree	t	ON A FARM? YES NO TO
	3.	NAME OF	Fil			Last	4. DATE Mai		Day Year
		DECEASED (Type ar print)	Cha	rles Henry	Cal	mper Sr.	OF DEATH Aug		2, 1966
	S.	SEX	6. COLOR OR RACE	7. MARRIED NEVER MAR		DATE OF BIRTH	9. AGE (In years last birthday)	Months	YEAR IF UNDER 24 HRS. Days Haurs Min.
		Male	Negro	WIDOWED DIVO		May 26, 1	920 46 yrs.		
	10a dur	ing most of warking l	(Give kind af wark dane ife, even if retired)	10b. KIND OF BUSINESS OF INDUSTRY	R		& State, or foreign country)	12. CITIZ	ZEN OF WHAT NTRY? USA
		Labore	r		em-	Baltimo:	re Chty, Md.		USA
	13.	FATHER'S NAME	36 1	•:					
	15		Mees Meek R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY N	0 17 IN	Sar:		Iress	
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		18 CAUSE OF DE	ATH (Enter only one rou	se per line far (a), (b), and (c).)	401 1	ola Campe	r Same		INTERVAL BETWEEN
			H WAS CAUSED BY: IMMEDIATE CAUSE	Bloodin	g Duod	denal Ulce	970		ONSET AND DEATH
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		Conditions, if any,		(b)					
		rise to immediate stoting the under		ТО					
		last.)	(c)					
0	ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT	RELATED TO TH	IE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY)	CAUSE OF DEATH	205. DESCRIBE HOW INJUR	Y OCCURRED. (E	nter nature af injury in I	Port I ar Part II af item 1B.)		
	MEDICAL	Haur o.m p.m	1. 19	20d. INJURY OCCURRED While Not While at work at wark	facta	OF INJURY (Hame, farm ry, street, office bldg., etc.)		(Coun	
		21. I certif	y that (I) (this hos	pital) attended the deceas Aug. 2. 59 66	ed fram 6, and that	death occurred at	9_66, to Aug. 7:45M, fram causes	20, 196 and on the	that (I) (we) last date stated above
		22a. SIGNATURE	July	Janes!	M.D.		MED. STAFF DIRECTOR PHYS.	22b. DAT 8-2	E-66
		22c. PHYSICIAN'S NAME (Type)		n Fassett, M			ne Street	Cambri	idge, Md.
	23a	BURIAL, CREMATIO					23d. LOCATION (City or T	,	Caunty) (State)
		Burial (Specify)			st R	ock la see	Christ Ro		or Md.
0	24	. FUNERAL DIRECTOR	111.41	ADDRESS	d'dan			REGISTRAR'S SIG	les Judge
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE, MARYLAND 21201

Division of STATISTICAL RESEARCH AND RECORDS. ND RECORDS, 301 W. F

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11303	CERTITICATE	OI DEATH		11790
1. PLACE OF DEATH		2. USUAL RESIDENCE (Whe	re deceosed lived, if institutio	n: Residence befare odmissian)/
o. COUNTY DARRED LEE	MARYLAND	o. STATE	b. COUNT	Y Kail
b. CITY OR TOWN (If autside carparote limits,	c. LENGTH OF STAY IN 1b	CITY OP TOWN (If outside	le corporate limits, write RURA	I and give percent town
write RURAL and give nearest town)	C. EENGIII OF STAT IN 18	C. C		at one give neorest town)
Rural Cumbridge	2 days	129teky	LOWN	14.2
d. NAME OF HOSPITAL OR INSTITUTION (If no in haspit	al, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Eastern Shore S.	tate Hospital	1	spect St	YES NO
3. NAME OF First	Middle		DATE Month	Doy Year
(Type or print)	4	'ANN	DEATH Clug.	11 1966
S. SEX 6. COLOR OR RACE 7/MARK	NEVER MARRIED E	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Vegro Missing	DIVORCED X	09-03-9	3 last birthdoy) 72 yrs.	Months Doys Hours Min.
	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S		12. CITIZEN OF WHAT
during mast of working life, even if retired)	usewife	1	- /	COUNTRY? U.S.a.
13. FATHER'S NAME	usewile	Makyla		272.4,
I aud a	Mackel Mackel	14. MOTHER'S MAIDEN NAM		4
ZINKNOWN LOUIS		Jessie	Woodlan	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknawn) (If yes give wor or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	0 01111
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1B. CAUSE OF DEATH (Enter anly ane couse per line				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Cerebral 1	thromphaei	<	ONSET AND DEATH
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stoting the underlying couse DUE TO				JUST 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
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200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 20b 20c OR CONTRIBUTION CAUSE OF DEATH 20c OF CONTRIBUTION CA	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port	L or Port II of item 1B.)	
OR CONTRIBUTING COLORS OF DEATH	. DESCRIBE TOTAL INSURT SECONDED TO			
			L and to:	(6)
6 200 100 100 100 100 100 100 100 100 100		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City ar town)	(Caunty) (Stote)
≥ p.m. 19 of	work of work	y, siroor, orneo blag., ore.,		
21. I certify that (1) (this haspital) at	tended the deceased fram	less. 9 , 19	6 Goto aug. 1	, 19_6 that (I) (we) las
saw the deceased alive on_au	9.11 19 66, and that	death accurred at	M, from causes a	nd an the date stoted above
220. SIGNATURE	1			22b. DATE SIGNED
Carly F Bar	row M.D	ATTENDING ME	ED. STAFF RECTOR PHYS.	8-12-1966
22c. PHYSICIAN'S		22d. ADDRESS		4 44.
NAME (Type) CARLOS - 3	ARROSO	ERSH. CL	ambridge	Deschester IVIC.
	23c. NAME OF CEMETERY OR C	TOTHATODY I	224 LOCATION (City on Town	-\ (f\)
REMOVAL (Specify)			23d. LOCATION (City or Town	
Burial 8/15/6	6 Mr. Pleasa	ant Cem Ki	'D Chesterto	
24. FUNERAL DIRECTOR		254. REGD 8	REGISTRAR 25h REG	ISTRAR'S SIGNATURE
"Xemich Welly C	he STERTUWN	ME C DATE	1000	- Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 moy be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

FOR STATE HEALTH DEPT.

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Give Pages

in Item 1 Office

Chief Medical Examiner's

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This certificate should be executed within 24 haurs after death.

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may be retained far yaur FUNERAL DIRECTOR: Page its designated Health ar 50

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Dorchester a. COUNTY Maryland b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Rural-Cambridge Life Rural-Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Ragged Point*RFD#3 Ragged Point-RFD#3 X NO 3. NAME OF Middle 4. DATE Last Month DECEASED ARTHUR COOK OF L. August 16. 66 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday)
73 yrs. Male White Months Days Mar. 19. 1893 WIDOWED DIVORCED 10a LISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT USA during most of working life, even if retired) Seafood Dorchester Co., Maryland COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Wildai J. Cook Laura Hubbard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknawn) (If yes give war ar dates of service) Unknown Mr. Morgan Cook, Baltimore, Maryland INTERVAL BETWEEN ONSET AND DEATH Instant CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY CONTRIBUTING CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City ar tawn) (County) (State) Haur o.m. Nat While factory, street, affice bldg., etc.) at wark at wark 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection X, Inquiry and in my opinion death resulted from: Natural causes Accident Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 8/20/66 FXAMINER'S John Mace Jr. Address (Street, city, tawn, ar caunty) NAME (Type

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Speddens-Sewards Cem.

23d. LOCATION (City or Town)

James,

2Sa. REC'D BY REGISTRAR

(County)

Dor. Co., Maryland

Musiles

2Sb. REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66

23g. BURIAL CREMATION

24. FUNERAL DIRECTOR

23b. DATE THEREOF

Aug 20, 1966

LeCompte Funeral Service, Cambridge, Maryland

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled for use as the burial, cremation, or removat, and event, within 72 hours after death.

VR A15 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1311
CERTIFICATE OF DEATH
11301 11311

a. COUNTY Dorchester	MARYLAND	e. STATE Mary		filtution: Residence before edmission) Dorchester		
b. CITY OR TOWN (if outside corporete limits, write RUPAL and give neerest town) Rural-Cambridge	c. LENGTH OF STAY IN 16 2 years	c. CITY OR TOWN (IF Rural-(outside corporete limits, write R Cambridge	URAL end give neerest town)		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos DOA Cambridge Maryland Ho		d. STREET ADDRESS RFD #2, Bonnie Brook o. IS RES				
3. NAME OF First DECEASED (Type or print) FILEN		X Last	4. DATE Month OF DEATH AU	agust 6, Yeer		
5. SEX Female 6. COLOR OR RACE 7. MARRIE WIDOWN		Oct. 27, 1915	9. AGE (In years IF last birthdey) 50 yrs.	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Deys Hours Min.		
	IND OF BUSINESS OR INDUSTR		& Stete, or foreign country) Co., Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME J. Victor Bell		14. MOTHER'S MAIDEN N Roberta				
		· Wheatley Co	ook, RFD2, Camb	oridge, Md.		
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		FARCTION		INTERVAL BETWEEN ONSET AND DEATH HOURS		
Conditions, if any, which gove rise to immadiate ceuse (e), steting the underlying ceuse lest. DUE TO (b) ARTE DUE TO (c)	RIOSCLEROTIC	CARDIOYASCUL	AR DISEASE	YEARS		
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO		
20a. ACCIDENT WAS UNDERLYING OPEN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part or Pert of item 18.)			
ZOc. TIME OF INJURY Month, Day, Year 20d. While Property work of work p.m.	Not While fect	CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)		
21. I certify the (ID) (this hospital) attentions the deceased alive on						
22a. SIGNATURE J. Mc Grten,		D. ATTENDING ME		22b. DATE SIGNED		
22c. PHISICIAN'S NAME (Type) JAMES F. MECA	PATER, M.D.	22d. ADDRESS 704 406	UST STREET	<i>-</i>		
236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Aug 8, 1966	Dorchester Me		Cambridge, M			
24 FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service,	Cambridge, Mar	yland 25a, REC'I	AUG 10 1966	TRAR'S SIGNATURE		

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and the state of t	Prince S	Take a	D-Dema
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le Juligna - Turo		Nain-	
00. 27, 1715	Land Co	at Line	Fernile
institution to the institution in	anleren		eszák
rolling to the state of the sta		J. Woten Par	
Mr. Wheatley wood, Nove, Campridge, Mc.	meenle	PME PME July	Ol
TO BE THE TAX OF THE PARTY OF T	Spid Mass		
MICH DECEMBER OF THE OWNER, THE O			

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11302MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11312 [tem #7-Film G380 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Dorchester Florida MARYLAND Pod deloy c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) after Hurlock R.F.D. 1 Mo. Fort Pierce d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Waddell Corners YES NO pencil in Item 18. Give Pages caminer's Office olong with for be executed within 24 hours after death. 3. NAME OF Middle Month First Lost 4. DATE 50 DECEASED OF Crowder James (Type or print) Aug. DEATH event_within_ S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 6 pst birthdoy) Hours Male Negro WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Migrant laborer INDUSTRY Farming COUNTRY? ony Laborer d "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = and WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) removol Unknown Unknown Corp. Bledsoe, Maryland State Police 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Intestinal obstruction 0 IMMEDIATE CAUSE (a) This certificate should cremation, DUF TO Conditions, if ony, which gove Strangulated hernia rise to immediate couse (a) should be forwarded to DUE TO stating the underlying couse lost buriol, used (19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION the certificote, NO 9 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) prior PRIMARY C or CONTRIBUTING C CAUSE OF DEATH its designoted agent, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Dov. Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge ot work pleose execute 21. I certify that I taak charge af the remains described above, held an Autopsy Inspection X Inquiry and in my apinian funerol director. death resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTIFAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth or John Mace 8/18/66 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) the 230. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) 0 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) DATE AUG

6M 1/66

death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. 80

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION 1313 CERTIFICATE OF DEATH 11303

a. COUNTY Dorchester MARYLAND					2. USUAL RESIDE a. STATE Ma	rylan	deceased lived, If it b. COU	MITM	cheste		
	write RURAL	/N (if outside corpora , and give nearest tow g Creek	te limits, vn)	c. LENGTH OF STA		c. CITY OR TOWN (if outside ing C		rite RURAL	and give nea	rest town)
	d. NAME OF HO None	SPITAL OR INSTITUTIO	ON (if not in h	ospital, give street	address)	d. STREET ADDRES	S				RESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	KATI	irst E	DOLBY	DEAN		4. DA DF DE	ATH A	ugust	19 1	Year g 66
_	sex emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	75		Nov. 23, 1	877	9. AGE (In years last birthday)	Months	Oays Hou	rs Min.
du	Housewil.	TION (Give kind of work ting life, even if retire LE	done 10b. K	AIND OF BUSINESS ON NOUSTRY HOME	R	Dorches te	r Co.		y) 12. CI CO	TIZEN OF WHOUNTRY?	SA.
13	. FATHER'S NAM	Jeremia	h Tolle	ey		14. MOTHER'S MA Mary El		th Caskey	H		
15 (Y	. WAS DECEASED es, no, or unkown) NO	EVER IN U.S. ARMED FO	of service)	social securityn Unknown		INFORMANT S Cora Cre	ighto	n, Fishin		k, Md.	
		DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE	: (ine for (a), (b), and ((c).]	loses				INTERVAL ONSET AN	
	Cenditions, If		TO C	reinos	~	Tax	ena			32	no
-	cause (a), s underlying caus	tating the OUE	(c)								
CERTIFICATION	PART II. OTHER:	SIGNIFICANT CONDITION	cler	te be	O V	TEO TO THE TERMINAL	L DISEASE 0	ONOITION GIVEN IF	PART 1(a)		AUTOPSY ORMED? NO
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJU	JRY OCCU	RRED. (Enter nature	of Injury I	n Part I or Part II	of Item 18.)	
MEDICAL	Hour a.	INJURY Month, Day, m. 19	Year 20d. I While at wor	Not While	20e. PLAC factor	CE OF INJURY (Home, y, street, office bldg.	farm, 20 etc.)	f. (City or town)	(Cou	nty)	(State)
-		fy that (I) (this hos	pital) attend	ed the deceased	from_2	200 2C	1955,	to 8-19	, 19 6	6, that (I)	(we) last
	saw the de	ceased alive on	8-1			death occurred at			and on th	ne date stat	
	22a. SIGNATU	12. Da	un	and	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		ATE SIGNED	6
	22c. PHYSICI/ NAME (T		umann,	MD			st., C	ambridge,	Md.		
23	BURIAL, CREA REMOVAL (Sp Burial	MATION, 23b. DATE ecify) Aug 21	THEREOF, 1966	23c. NAME OF C Hosier M	emetery emori	OR CREMATORY al Cemeter	y 23d.	LOCATION (City, City, City, City)	own or cou	arylan	
	LeCompte	ECTOR Funeral Se	rvice,	ADDRESS Cambridge	, Mar	3 3		EGISTRAR 256. F		s SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1314
CERTIFICATE OF DEATH

MARYLAND	a. STAMarylan	d bord	hester
c. LENGTH OF STAY IN 1b			e RURAL and give nearest town)
	d. STREET ADDRESS	134	e. IS RESIDENCE ON A FARM?
	!!		YES NO K
Charles	20	OF .	Day Year 9,1966 19
TOTAL MARKIED		9. AGE (In years If last birthday) West.	lonths Days Hours Min.
INDUSTRY	11. BIRTHPLACE (County &		12. CITIZEN OF WHAT COUNTRY?
r			U.S.
16. SOCIAL SECURITY NO. 17.		Lew13	
		een Toddyd	110 Md
	Depostra 0.D	/ Jours	I INTERVAL BETWEEN
Cerebral	Hemorr	hage	ONSET AND DEATH
Azoten	19		3 days
Auteriosa	erotic N	ephritis	iyr.
IBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PA	ART1(a) 19. WAS AUTOPSY PERFORMED? YES NO
DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury	In Part i or Part II of	ltem 18.)
Ile Not While facto	CE OF INJURY (Home, farm, pry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
nded the deceased from	8/3/66,19	, to 8/9/6	, 19, that (I) (we) last
7/66_19, and tha	t death occurred a		
and M.	ATTENDING MED.	STAFF	22b. DATE SIGNED
Maryanov	22d. ADDRESS	ridge 1	nd.
Domanester	Memoran Rechard	AGISTRAR 25b. REG	ISTRAT'S SIGNATURE
Combatdee 1	Ma. AUG 16	1966 /	res Judge
	C. LENGTH OF STAY IN 1b 1 week In hospital, give street address) Hospital Middle Charles ED DIVORCED DESCRIBE HOW INJURY OCCIDENTAL DIVORCED DESCRIBE HOW INJURY OCCIDENTAL DIVORCED DIV	AMARYLAND C. LENGTH OF STAY IN 1D LOWER MIDDERSS HOSPITAL MIDDERSS HOSPITAL MIDDERSS HOSPITAL MIDDERSS HOSPITAL MIDDERSS HOSPITAL MIDDERSS HOSPITAL MIDDERSS B. DATE OF BIRTH ED DIVORCED JUNE 29, 1889 INDUSTRY HOOPERST 14. MOTHER'S MAIDEN NA MARY Jane 16. SOCIAL SECURITYNO. 17. INFORMANT 15-36-1761 Mrs. Stella J. D BUTTOR TOWN (If outside the county of the	AMARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write C. CITY OR TOWN (If outside corporate limits, write DEATH AUGUST August August

VR AI5 (4) 20M 1/65

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	fire	Lat Erneli h	alighed age-freylag
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	n Civilização	100	lead bottle. Fill
	ver much part		meed .P molille
A . (LLE / DE)	med. Tullecher	215-70-1761	
1	est and with	1358	
		water A.	
1 2	Mark The Colo		
	TO VENEZIONE		
Will Stall		Mary James	L. Maria

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STA	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
11315	CERTIFICATE OF DEATH	1130

-	LIULU	Item la Film GS80	0 - 9/1/66 mh		1.1000
1.	PLACE OF DEATH a. COUNTY ACT NO.	MARYLAND	a. STATE	b. COUNTY	vous lester.
0	b. CITY OR TOWN (if outside corporate lim write RURAL and give nearest town)		C. CITY OR TOWN (If outside	corporate limits, write	BURAL and give nearest town)
/	andredge	122 M.	1 amble	dore !!	1 19-1
	d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	623 Robbins St.				YES NO
	NAME DF First DECEASED (Type or print) Lucille	Middle	Edwards	ATE Month	- 2 Day Year 1966
5.	SEX 6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.
7		IDOWED DIVORCED	812123	yrs.	
duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BTRTHPEACE (County &	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	61 0	14. MOTHER'S MAIDEN NAI	ME	
	Sing liver	Eduard		101	V
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES s, na. or unkown) (If yes give war or dates of servi	16. SOCIAL SECURITYNO. 17. (ce) 253 - 30-34/3	INFORMANT (MILLE)	Caluerk	
	18. CAUSE DF DEATH [Enter only one cau				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Metastatic Car	cinoma		2 years
П	170 X DUE TO	Compinent	last branch		
	Conditions, if any, which gave rise to immediate (b)_	Carcinoma of]	Leit preast		
	cause (a), stating the DUE TO underlying cause last.				
NO	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
ICAT					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury	In Part I or Part II of I	tem 18.)
CAL	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 2	Of. (City or town)	(County) (State)
MEDICAL	Hour a.m. p.m. 19	While Not While at work	ry, street, office bldg., etc.)		
	21. I certify that (I) (this hospital)	attended the deceased from	Jan. 19 66	to Aug. 22	19 66, that (I) (we) last
	saw the deceased alive on Aug	3. 21 1966 , and that	death occurred at 5A		d on the date stated above.
	22a. SIGNATURE	M.D	ATTENDING MED.	STAFF	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) J. Edwin	Fassett, M.D.	22d. ADDRESS	1	
236	BURIAL CREMATION, 23b DATE THERE REMOVAL (Specify)	EOF 23c. NAME OF CENTETERY	OR CREMATORY 230	LA LOCATION (City/town	or county) (State)
-24.	SHALL M. U	lost Salislu	ULY DATE AUG	REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	STRAR'S SIGNATURE

VR AI5 (4) 20M 1/65

VR A1S (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11316 CERTIFICA	IL OI DEATH		1306
	PLACE OF DEATH	2. USUAL RESIDENCE (Where dece	essed livad, If institution: Re	sidence before admission)
	COUNTY DORCHESTER MARYLAND	a. STATE MD	b. COUNTY	RCHESTER
1	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpora	ate limits, write RURAL and	give nearest town)
7	-HIIIBKIDES IFILE	CAMBRI	DGE	09-1
1	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
0	-AWRKIDGE WD. HOZE.	CAMBRIDE	E, MD	YES NO
	NAME OF DECEASED Typa or print) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Last DATE OF DEATH	Month &	Day Yaar 6 b
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.
7	MALE NEGRO WIDOWED DIVORCED	1906 3) 9 yrs.	ays Hours Min.
10a	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or for	reign country) 12. CITIZ	EN OF WHAT COUNTRY?
I	FATHER'S NAME	DORCHESTER	IND. Y	ES .
13.	EE EDWARD FITZGILES	14. MOTHER'S MAIDEN NAME	LASH	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Ye)	(Ifyasgivewarordatesofservice)	ARGRET BRIS	C.02	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: ACUTE PARTY	reobitis		ONSET AND DEATH
	5 8 70 DUE TO			
	Conditions, if any, which gave rise to immediate cause (b)			
	(a), stating the underlying DUE TO			
	causa last. (c)			
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CO	NOTION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
CATIC	A tally metomorphosis	of liver		YES NO Z
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II o	of itam 18.)	
¥		ACE OF INJURY (Home, farm, † 20f. (City o	r town) (Count	y) (State)
MEDICAL	Tion s.m.	ctory, straat, office bldg., etc.)		
X	p.m. 19 at work at work	h 12 //	11 - 201 /	/
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19.00 and that			
	22a_SICYATURE	dealth occurred al. 2	10 (00303 0110 011 1111	22b. DATE
	Mais he leves delle	M.D. PHYS. DIRECTOR	STAFF PHYS. 1 28 Kg	1066 SIGNED
	22c. PHYSICIAN'S NAME (Type) Lewis M. Burdelle	60/LOCUSTS	7 Comb	ridge has
23a	BURIAL, CREMATION 236. PATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCAT	ION (City, lown or county)	E M(State)
E	PUNERAL DIRECTOR'S SIGNATURE Y ADDRESS AND LAND	250. REC'D BY REGISTRA	AR 25b. REGISTRAR'S SIG	0
-	in the contract of the contract of	1 3 1 2	35 yearnes	Jan Jan

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		113	17		CERTIFIC	ATE OF D	EATH		13	1307
r death.	funeral T and 2 recedeath.	1. PLACE OF DEATH a. COUNTY ORCh	1		MARYLAI	a. STATE		deceased lived, if institu b. COU		fore admission)
urs afte	9 S +	b. CITY OR TOWN	(If outside corporate limits and give neorest town)	,	c. LENGTH OF STAY IN 1		TOWN (If outside	carporate limits, write RU	IRAL ond give nea	10-2
1 24 ha	lled in the papers. In 72 ho	d. NAME OF HOSE	en Shone.	~ / /	Hespita	d. STREET,	ADDRESS	,		e. IS RESIDENCE ON A FARM? YES NO
d withir	pletely filled in by the carbon papers. Page aft, within 72 haurs of 18	3. NAME OF DECEASED (Type or print)		st /	XXXXXXXXX	Geor	ge	DATE Mon OF Aug		1966 R IF UNDER 24 HRS
execute	n and completely for remave carban	S. SEX	6. COLOR OR RACE	//. MARRIED E	NEVER MARRIED DIVORCED	B. DATE OF E	30-93	9. AGE (In years last birthdoy) 7.3 yrs.	Manths Day	s Haurs Min.
ate be	ician an lease re and in	during most of working	ON (Give kind af work dane ag life, even if retired)		D OF BUSINESS OR USTRY	Tuli	BOY CO.	nte, or foreign country)	COUNTR	
certific	attending physician permit. Then please ion, ar remaval, and	13. FATHER'S NAME Tame 15. WAS DECEASED E	PS GROES VER IN U.S. ARMED FORCES?	1	OCIAL SECURITY NO.	LUCI	1. 0	chardso	ress	
e death	an. by the attending phy transit permit. Then crematian, ar remava	Yes, na, or unknown) (If yes give war or dates o	f service) 21	8-14-7936	F. S.S. F.	tospita	1 Lecox		INTERVAL BETWEEN
that th	by the ransit remat	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(a) Say	stecem	ż	0/	161	2 1	ONSET AND DEATH
requires that the death certificate be executed within 24 haurs after death	ng pnysicions signed the purial-to purial-to purial-to purial-to purial, control to puria	nse to immedi stoting the un	αγ, which gave) ate cause (o),	(b) Du	in lead	Mans V	2 Strum	John F	yllegent	dia
The law	cate has been are use as the facility priar to	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMINAL	DISEASE CONDIE	ON GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN:	spiral or a serificate hised far use to a fear use t. af Health	OR CONTRIBUTION	VAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCL					
	y me no er this e detad ate Dep	Haur Haur	p.m. 19	While at wark	Not While at wark	factory, street, of	fice bldg., etc.)	20f. (City or tawn)	(County)	(Stote)
ATTENDING	onned b COR: Aft Dould b h the St		deceased alive an		ed the deceased from 19/2 (2), on	d that death o	ccurred at 74	<u>P</u> M, fram touses	and on the d	late stated abov
O.	AL DIRECTOR: page 3 shaulce filed with the	202. PHYSICIA	nep 4. Si	me	*	M.D. ATTEND	ADDRESS MED	ECTOR PHYS.	18/	2//66
O HOSPITAL	d b	230. BURIAL, CREMA		EREOF	23c. NAME OF CEMETE			23d. LOCATION (City or To		nty) (State)
10 H	To FUN direct shaul	24, FUNERAL DIREC		1966	St. John ADDRESS	s Cemet	250. REC'D BY		EGISTRAR'S SIGNA	TURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 2 CERTIFICATE OF DEATH be executed within 24 hours after death. 0 funeral 1 and 2 ter deoth, 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) I. PLACE OF DEATH L COUNTY a. COUNTY a STATE MARYLAND after c. CITY OR TOWN (If auxide corporate limits, write RURAL and give nearest town). c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside corporate limits, papers. Pag thin 72 hours a write RURAL and give neorest town) Island e. IS RESIDENCE ON A FARM? d. STREET ADORESS 2. OR INSTITUTION At nat in hospital, give street address filled YES NO 3. NAME OF DECEASED First Middle Day Year ±×× remove corbon completely event, (Type or print) DEATH 9. AGE (In years last birthday) IF UNDER 24 HR NEVER MARRIED S. SEX 6. COLOR OR RACE 7. MARRIED Months Doys Haurs DIVORCED ond in any WIDOWED 10b. KIND OF BUSINESS OR INDUSTRY BALTO 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind af work done 11. BIRTHPLACE (County & State, or fareign cauntry) COUNTRY? during most of working life, even if retired) - SUNPAPERS O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Neusonper 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. cremotion, 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by 4-20 DUE TO burial, Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the 'O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Heolth p CERTIFICATION YES 🔀 NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNCERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, (City ar town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. While Nat While at wark 21. I certify that (1) (this hospital) ottended the deceased from. ca 4, 19 6 that (1) (we) last be retained 1966, and that death accurred at 1 A.M. from causes and on the date stated abave. saw the deceased alive an___ 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** M.D. DIRECTOR PHYS. 22d. AQDRESS 22c. PHYSICIAN'S Rene E. Smith Eastern Shore St. Hosp., Cambridge NAME (Type) director, should 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (Caunty) (State 23a. BURIAL, CREMATION, REMOVAL (Specify) Loudon Park Baltimore. 17966 **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR W.Jenkins Sons Co. DATE ALL 190

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral Pages 1 and 2 urs after death 24 hours after death. PLACE OF DEATH a. CDUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY ysician and completely filled in by the f please remove carbon papers. Pages 1 and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) executed within 3. NAME OF Middle DATE Month Last 4. DECEASED (Type or print). DEATH SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years LIFUNDER 1 YEAR 7. MARRIED NEVER MARRIED 9. tast birthday) Months | physician and WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done during most) of working life, even if retired) 12. CYTIZEN OF WHAT 10b. KIND DF BUSINESS OR 11. BIRTWPLACE (County & State, or foreign country) death certificate be INDUSTRY ATHER'S NAME MOTHER'S MAIDEN NAME attending physical property or removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or 17. (If yes give war or dates of service) (Yes, no. or unkown) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PHYSICIAN: The law requires that the the hospital or attending physician. PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO pyclonephritis Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING P at work at work to AU 21. I certify that (I) (this hospital) attended the deceased from 1966 and that death occurred at 12 45M, from the causes and on the date stated above. 4 19 66 saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) FUNERAL DIRECTO REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM? ND 2

Year

1960

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN QNSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

(State)

6

(State)

YES

YES

Day

Davs

15M 4-64

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11320 death 2 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death ician and campletely filled in by the funeral lease remave carban papers. Pages 1 and and in any-event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY Dorchester Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neorest town) 25 yrs. Cambridge Cambridge d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Robbins Street NO DE Cambridge Maryland Hospital YES 4. DATE 3. NAME OF Lost Month Year DECEASED 66 Henry King DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In yeors 6. COLOR OR RACE DATE OF BIRTH SEX 7. MARRIED NEVER MARRIED Months Hours lost birthdoy) Days Male WIDOWED Unk DIVORCED Negro Unk. Approlink yrs. 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? please INDUSTRY Vir-33 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME burial-transit permit. Then pl burial, crematian, or remaval, Unk. Unk. attending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. ocunknown) (If yes give wor or dotes of service) 220-01-7102 Leon James Cambridge. Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of stomach IMMEDIATE CAUSE (o) _ signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 21. I certify that (I) (this hospital) attended the deceased from May , 1966, ta Aug. 1, 1966, that (I) (we) last directar, page 3 shauld shauld be filed with the and that death occurred at M. fram causes and an the date stated above. saw the deceased olive an 19 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR **ATTENDING** STAFF PHYS. 8/23/66 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S J. Edwin Fassett, M.D. 727 Pine Street NAME (Type) Cambridge. Md. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, BUT 14 (Specify) 8/20/66 Cambridge Md. Waugh Der. 25b. REGISTRAR'S SIGNATURE **ADDRESS** 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR -Melanles DATE AUG 29 1966 Cambridge, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	1134	1		CERTIFICAT	E OF DEATH			119	10
	ACE OF DEATH COUNTY DO	R CHE STER		MARYLAND	o. STATE MD		Kent	Co	\
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) RURAL CAMBRIDGE 3 WKS.				CHESTER	outside corporote limits, write RU R TOWN	IRAL ond give	neorest to	vn) + - 2	
		ORE STATE			d. STREET ADDRESS			01	RESIDENCE N A FARM?
3. NA	ME OF CEASED		rst	Middle	lost KNIGHT	4. DATE Mor		Doy	Year 19 66
S. SE)	pe or print)	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 5/5/83	9. AGE (In years lost birthdoy)	IF UNDER 1		JNDER 24 HRS. Durs Min.
uring		(Give kind of work done ife, even if retired)		IND OF BUSINESS OR	11. BIRTHPLACE (Count	ry & Stote, or foreign country)	12. CITIL	ZEN OF WH NTRY?	AT
	ATHER'S NAME	Knight	The second		14. MOTHER'S MAIDEN	NAME ISE MARKLEY			
(Yes, I	VAS DECEASED EVE no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of convice)		INFORMANT	Add	ress		
ri st	420 1 onditions, if ony, se to immediate toting the under	lying couse DUE	10 (b) AR 1 10 (c)	CARDIAL INFAF					AND DEATH
S S S	Oo. ACCIDENT WAS OR CONTRIBUTING	WI THO UT UNDERLYING CAUSE OF DEATH	QUAL II	TO DEATH BUT NOT RELATED TO ASSOCIATE D WITE FYING PHRASE ESCRIBE HOW INJURY OCCURRENT				YES [S AUTOPSY FORMED? NO
- 1	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of work of work of work								
	21. I certify that (I) (this haspitol) attended the deceased fram 7/7, 1966, to 8/2, 1966that (I) (we) las saw the deceased alive an 8/2, 1966, and that death occurred at 11:10M, from couses and an the date stoted obove								
	220. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR STAFF PHYS. 221. ADDRESS 222. PHYSICIAN'S 223. ADDRESS								
	NAME (Type) FELIPE M. DOMINGUEZ, M.D. E.S.S. HOSPITAL, CAMBRIDGE, MD.								
23o. Bu	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE TH Aug 5,		23c. NAME OF CEMETERY O	orial Park	23d. LOCATION (City or To	a.	County)	(Stote)
24 I	FUNERAL DIRECTOR	Funeral S	ervice	, Cambridge, 1		ODBY REGISTRAR 25b. R	EGISTRAR'S SIC		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremotion, ar removal, and in any event, within 72 hours offer death: TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STATE
HEALTH DEPT.
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delay the State Department havrs after dea 2, and PM3_F the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, This certificate shauld be executed within 24 haurs after death. If

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with Health ar its designated agent, priar to burial, crematian, ar remaval, and in any event with

5 may be retained for yaur files.

TO DEPUTY MESTAL EXAMINER:

DATE

	INTERVAL BETWEEN					
	ONSET AND DEATH					
	7					
IN PART 1(o)	19. WAS AUTOPSY PERFORMED?					
	YES NO					
If of item 18.)						
SS						
(City or town) (Cou	nty) (Stote)					
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determined manner						
_	22. DATE SIGNED					
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tounty)	0/14/00					
ATION (City or Town) (County) (Stote)						
mington, D. C						
R 25b REGISTRAR'S SI	SMATHRE					
6 FClarles	Judge					
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11322	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH		11314
1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where deceosed live a. STATE Maryland	b. COUNTY Dorc	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Cambridge	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limi	ts, write RURAL ond give	neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in 107 Vue de Leau Str	hospitol, give street oddress)	d. STREET ADDRESS 107 Vue de Leau	Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED MONROE	E. Middle LAYTON	Lost 4. DATE OF DEATH	Month August	
- Male White	MARRIED NEVER MARRIED NIVORCED DIVORCED	Mar. 31, 1921	5 yrs.	Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Cambridge, Md.	12. CITI COU	ZEN OF WHAT INTRY? USA
13. FATHER'S NAME Robert E. I	ayton	14. MOTHER'S MAIDEN NAME Elsie May Todd		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of set	rvice) 16. SOCIAL SECURITY NO. 17. M	rs. Robert E. Layton	Address Cambridge	, Maryland
18. CAUSE OF DEATH (Enter only one couse p PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse	er line for (o), (b), ond (c).) Nembutal poisor	ning		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	Took 60 Nemb	(Enter noture of injury in Port I or Part II of Puttal caps. Gr. Is. C.C. OF INJURY (Home, form, tory, street, office bldg., etc.)	5	
21. I certify that I taak charge at death resulted from: Natural of ACTUAL SIGNATURE	f the remains described abave, he	ide XI, Hamicide II, Undeter CHIEF MEDICAL EXAMINER II M.D. ASSISTANT MEDICAL EXAMINER II	rmined manner 🗌	and in my apinia
EXAMINER'S John Mace		DEPUTY MEDICAL EXAMINER Address (Street, city, town, or cour		8/14/66
230. BURIAL CREMATION, BURIAL CREMATION, 8/18/19		t'l Cemetery Washi	ngton, D. C	
24. FUNERAL DIRECTOR Funeral Sem	rice, Cambridge, Ma	ryland AUG 18 1966	256 REGISTRAR'S SIG	Judge

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission sy is necessor, and director. Page 1 for your files. Department of ar death. COUNTY b. COUNTY Maryland Dorchester Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give naarest town) Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat eddrass) d. STREET ADDRESS . IS RESIDENCE ON A FARM? the funeral 2 Hatsawap Road Hatsawap Road State after retained YES NO. 3. NAME OF Middle 4. DATE Month Dav Year hours DECEASED with the DEATH AUgust (Type or print) Charles Lednum, Sr., Noble 10,1966 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. /may last birthday) Months and and 2 Male WIDOWED DIVORCED | May yrs. buld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, at Office along with form PM3. Page 5 or 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY File pages and done during most of working life, even if retired) Preston, Md. Jeweler & Watchmaker U.S. 949 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Norman Lednum Fannie Noble with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT = Address2 Hatsawap Road permit. (Yas, no, or unkown) | (Ifyesgive war or datas of servica) and Mrs. Esther J. Lednum, Cambridge, Md. DICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). removal, Office along burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Instant IMMEDIATE CAUSE (a) DUE TO 6 Conditions, if eny, which (b) please execute the certificate, writing the word "pending" is 4 should be forwarded to the Chief Medical Examiner's O FUNERAL DIRECTOR: Page 3 should be used as a by Health or its designated agent, prior to burial, cremation, gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enlar nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection X Inquiry and in my opinion death resulted from-Natural causes Ty. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 8/11/66 EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (State) EMOVAL (Specify) Dorchester Memorial Burial 1966 Park Cambridge . Md Cambridge, Md. VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

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completely filled in by the funeral receipt and 2 receipt, within 72 hours after death. D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. carbon papers. Pages 1 epc, within 72 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complicator, page 3 should be detached for use as the burial-transit permit. Then please femole cishould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any even

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11324			CERTIFICA	TE OF D	EATH			111	316
1. PLACE OF DEATH	H Dorchester		MARYLANG	a. STA	RESIDENCE (WHITE Maryla	nd b	COUNTY [orche	ester
b. CITY OR TOW write RURAL Cambric	/N (if outside corporat , and give nearest tow dge	e limits, n)	two days	II .	TOWN (If outside Rural-Vi		ilts, write RUR/	6	9-1
	spital or institution Maryland I		ospital, give street addre	. 11	aooress ne-Drawb	ridge	100	100	ON A FARM?
3. NAME OF OECEASEO (Type or print)	RANI	ALL	Middle ?	Last LEWIS		OATE OF DEATH	Month August	Day 21,	Year 19 66
5. sex Male	White	WIOOWEO	NEVER MARRIEO OIVORCEO		4, 1911	last birt	yrs. Months	Oays	Hours Min.
Merchant-		lone 10b. K	ino of Business or Poustry fing-Market	Dorel	PLACE (County &	o., Mary		COUNTRY	USA
13. FATHER'S NAM	Herbert	C. Lew		Ste	ella Bas:				
15. WAS OECEASEO (Yes, no. or unkown)	EVER IN U.S. ARMEO FO (If yes give war or dates of	service) 16.		Mrs. Rand	iall Lewi	is, RFD,	Vienna	, Mar	yland
	EATH WAS CAUSED BY: IMMEDIATE CAUSE OUE any, which immediate stating the OUE	(a) (b) (b) TO	ine for (a), (b), and (c).]	solling	CVI	cciden	g-		RVAL BETWEEN ET AND DEATH
			JTING TO OEATH BUT NOT F					YES	WAS AUTOPSY PERFORMEO?
	WAS UNDERLYING THE CONTROL OF DEATH OF THE CONTROL EXAMINATION OF THE CONTROL OF	TH (ER)	DESCRIBE HOW INJURY O	CCURREO. (Enter	nature of Injury	In Part I or Pa	ert II of Item 1	18.)	
Hour a.	INJURY Month, Oay, m. 19	rear 20d. I While at worl	- Not While -	PLACE OF INJURY actory, street, offi	(Home, farm, ce bldg., etc.)	20f. (City or to	own) (C	ounty)	(State)
21. I certif	fy that (I) (this hosp eceased alive on	ital) attend	ed the deceased from.				auses and on	the date	at (I) (we) last e stated above.
22a. SIGNATU	2450	~~	rdne	M.O. PHYS.	MEO.	TOR STAF	7 6	DATE SIG	-66
22c. PHYSICI/ NAME (T	ype) W • IV • I	Baumann	, MD	Chu:	rch St.,	Cambrid	lge, Md.		
23a. BURIAL, CREA REMOVAL (SP BURIAL			23c. NAME OF CEMEN Dorchester		Park	d. LOCATION (Cambrid	ge, Mar	yland	
LeCompte		vice,	AOORESS Cambridge, M	aryland	25a. REC'O BY	REGISTRAR 2 25 195			Quelas

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TO HOSPITAL

14. sales (747 sept.) Indiana hazara e in

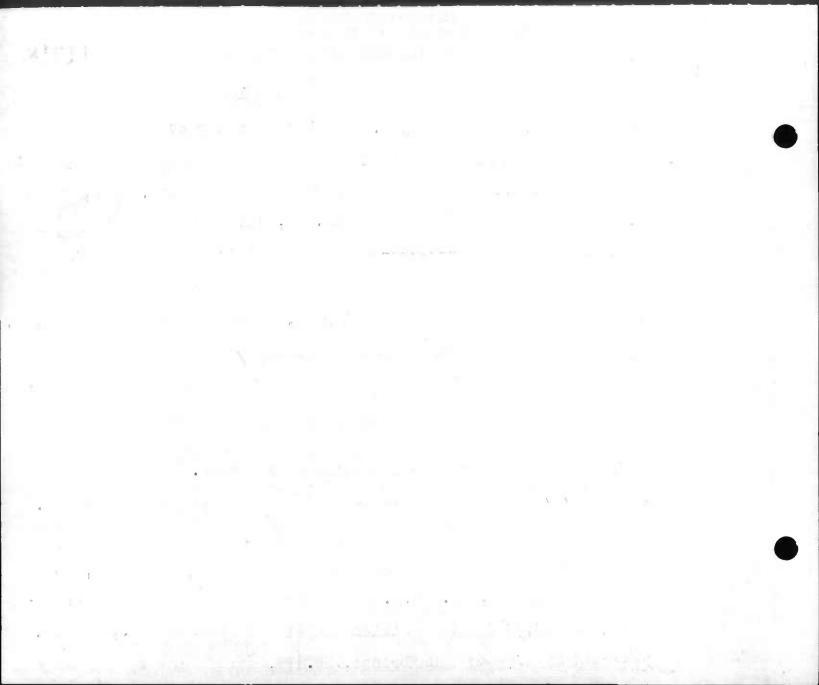
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MARYLAND STATE DEPARTMENT OF HEALTH

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Item 18 Film G379 8/16/6 MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE

HEALTH DEPT. d within 24 hours arter again, 1, 2, and 3 to in pencil in Item 18. Give Pages 1, 2, and 3 to **TO FUNERAL DIRECTOR:** Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department af Health ar its designated agent, priar to burial, crematian, ar remaval, and in any event within 72 hours after death. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 'the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang with farm TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If 5 may be retained for yaur files.

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	11327	IV	IEDICAL EXAMINI	FK,2	CERTIFICATE O			11319
1.	o. COUNTY Dorchest	er	MARYL	AND		Where deceosed lived, if inspect of the bound of the boun		re before odmission)
	 b. CITY OR TOWN (If outside corporate write RURAL and give nearest town)	c. LENGTH OF STAY IN	1b		itside corporote limits, write	RURAL ond give	
-	Taylors Isla		Life itol, give street oddress)		d. STREET ADDRESS	s Island		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First	Anita Middle	McG	ee	OF Aug		Doy Year 19 66
	Female 6. COLOR OR RAC			X	May 10, 1	9. AGE (In year lost birthday	() Months	YEAR IF UNDER 24 HRS. Doys Hours Min.
dı	oo USUAL OCCUPATION (Give kind of work uring most of working lite, even if retired) None 3. FATHER'S NAME Irving Cornis	done 10	ob. Kind of Business or Industry None		Maryland 14. Mother's Maiden I Julia M	or foreign country)	12. CITI	IZEN OF WHAT INTRY?
1:(S. WAS DECEASED EVER IN U.S. ARMED FOR Yes, no, or unknown) (If yes give wor or d	CES? otes of service)	16. SOCIAL SECURITY NO.	1	NFORMANT lia M a Gee	Taylors 1	ddress sland,	Md.
	IB. CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CO. Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse last.	AUSE (o) DUE TO (b) DUE TO (c)	Cremation					INTERVAL BETWEEN ONSELAND DEATH INSTEIN
ATION	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUT	ING TO DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(o		19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH.	20	b. DESCRIBE HOW INJURY OCCI Was in bu		enter noture of injury in I)	
MFDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) Taylors Island, Dor. Md.							
~	21. I certify that I tack charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner ACTUAL SIGNATURE							
L	3d. BURIAL (REMATION, 23b. DAT REMOVAL (Specify) 8/1	E THEREOF	23c. NAME OF CEMETE Taylors I		rematory nd Cemete	23d. LOCATION (City of Dorch	Town) (County) (State) Md.
	24. FUNERAL DIRECTOR St.Clair Funera	l Ser	vice Cambri	dge	Md DATE A	UG 29 1966	REGISTRAR'S SIC	CHATURE Judge

d d.

nuneral and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove Carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11328
CERTIFICATE OF DEATH
11320

1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Dorchester MARYLAND	a. STATE md b. COUNTY Dorohoster
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	C. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and, give nearest town) HUFLOCK 14 days	Secretary 19:1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
13.11 1/ 2/ . //	ON A FARM?
Delle Haven Nursing Home 3. NAME DF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) Walter Los Mor	· LC OF
E OFY LO ODDO OD DOOL	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
Markied Never Markied	15 1 17 18 18 birthday) Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	12/1///0/0/0/0/ yrs.
quiring most of working life, even it retired) / // INDUSTRY	11. BIRTYPLACE (County & State, or foreign country) 12: CITIZED OF WHAT
Der Shoe Coppler	Marylana Wisin
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Merrian	LOUISH LeCompte
(Yes, no, or unkown) (Af yes nive war or dates of service)	INFORMANT Address
We We	alter L. Merrick dr. Scoretary, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERWAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Cardiac	Onser and Death
DUE TO	yrg had a more of the
Conditions, If any, which) Chronic Coronal	ry Sclerosis 20 yr
gave rise to immediate	
underlying cause last. (c) Generalized Are	ertiosclerosis 25 yr
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Di letenel I	PERFORMED? YES NO F
= 20%-ACCUPENT WAS TINDERLY IND FACEL PORTS DESCRIBE HOW INTURY OCCU	Deafness Congant tal TES No tel JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)
	2/25
21. I certify that (I) (this hospital) attended the deceased from	t death occurred a 2 3 4 from the causes and on the date stated above.
saw the deceased alive on 8/12/66 19 , and that	1 99b DATE CICNED
The boll	ATTENDING MED. STAFF D 9/30/66
22c. PHYSICTAN'S M.D.	D. PHYS. DIRECTOR PHYS. 1 9/19/00
NAME (Type) Harold B.Plummer M.D	Preston Maryland
25a.) BURIAL, CREMATION, 23b. / DATE THEREOF 23c. NAME OF CEMETERY	(OR CREMATORY) 23d. LOCATION (City, town or county) ((State)
25a.) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS REMOVAL (Specify) 8/2-1/6 6 ECST NEW 1	briet Fact New Warket IN
24. FUNERAL DIRECTOR ADDRESS.	/ 1/25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
TI AM Plought out You Mark	of My Alle 20 man
The state of the s	1/10 DATE 100 ~ 2 1956 . Octor

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11329 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE o. COUNTY h COLINTY 2, and 3 ta PM3. Page at MARYLAND SOMERSET b. CITY OR TOWN (If outside corporate limits, MARYLAND delay Department c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) 8 WEEKS CRISTIELD e. IS RESIDENCE ON A FARM? d STREET ADDRESS haurs Office alang with farm YES NO X e State 1 72 haur in Item 18. Give Pages EASTERN SHORE STATE HOSPITAL MARINERS ROAD be executed within 24 haurs after death. 3. NAME OF Middle 4. DATE Month DECEASED OF 9 (Type or print) DEATH 19 66 with h HETTIE MILES MORGAN AUGUST IF UNDER 24 HRS IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Doys WIDOWED DIVORCED 09-19-80 Jang ŧ WHITE 11. BIRTHPLACE (State or foreign country) evel 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? USA during most of working life, even if retired) INDUSTRY FACTORY WORKER SEWING MARYLAND pages in any any e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MARY JANE MASON File JOHN H. MILES 16 SOCIAL SECURITY NO. 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dotes of service) ar removal, RECORDS OF THE EASTERN SHORE STATE HOSPITAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: TERMINAL PNEUMONIA IMMEDIATE CAUSE (o) This certificate shauld crematian, DUE TO 43 DAYS Conditions, if ony, which gove FRACTURE, NECK OF R. FEMUR rise to immediate couse (o), DUE TO stoting the underlying couse 0 burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X pe to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) prior PRIMARY Or CONTRIBUTING X 4 shauld FOUND LYING ON PORCH CAUSE OF DEATH. agent, 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page 6/27 CAMBRIDGE. MD. 66 at work HOSPITAL its designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X Inquiry , and in my opinian Accident X the funeral directar. death resulted fram: Natural causes 🕅 Suicide Undetermined manner Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** 8/9/66 JOHN MACE M.D. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23o. BURIAL CREMATION. DEMOVAL (Specify) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb. G Marle VR A15ME (5) 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 11330 the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE b. COUNTY o. COUNTY / filled in by ... on papers. Pages t SOMERSET DORCHE STER MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporate limits, RURAL CAMBRIDGE PRINCESS ANNE 3 YEARS e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) within 72 100 S. BECKFORD AVE. EASTERN SHORE STATE HOSPITAL YES NO X Month 3. NAME OF Middle 4. DATE First Lost Day remave carbon campletely DECEASED EMILY MORR IS August 5 19 66 event, DEATH (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH S. SEX 7. MARRIED lost birthdoy) Hours 6/27/93 FEMALE NEGRO and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? ease during most of warking life, even if retired) INDUSTRY U.S. Mp. LABORER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME a or removal, en MATILDA SMITH JONES TOB 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit (Yes, na, or unknown) (If yes give war ar dates of service) 216-18-8934 HOSPITAL RECORDS NO burial, cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the signed by the burial-transit p PART 1. DEATH WAS CAUSED BY: cumonic IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? CHR. BRAIN SUNDROME ASSOC. WITH CER. ARTERIOSCLEROSIS, WITH PSYCHOSIS NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Nat While at wark at wark 21. I certify that (1) (this hospital) attended the deceased from March 1966, and that death accurred at 1954 M, from causes and on the date stated above. sow the deceased alive on Wight S 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S H 223 Md. NAME (Type NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23g BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) ADDRESS 250, FREC'D BY, REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

executed within 24 haurs after death

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certificate

PHYSICIAN: The law requires that the death

be retained by the haspital ar attending physician.

OR ATTENDING

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affer death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11331 CERTIFICATE OF DEATH
11323

7.00	
1. PLACE OF DEATH 2. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Cambridge Maryland Hospital	704 Travers Street ON A FARM?
	Last 4. DATE Month Day Year OF August 18 19 66
Male White WIDOWED DIVORCEO N	Jov. 8, 1888 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Oays Hours Min. M
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wa terman Wa terman	Cambridge, Maryland 11. BIRTHPLACE (County & State, or foreign country) Cambridge, Maryland USA
Davis Price, Sr	Jane McGee
(Vac be an embaum) 1/16 use nive were as defect of coming)	S. Davis Price, Jr., Cambridge, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET ANO DEATH
IMMEDIATE CAUSE (a)	server accepted or one
Conditions, If any, which DUE TO Orlengtle	rotec CVD Surlingur
gave rise to Immediate cause (a), stating the underlying cause last.	ieCUD
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT REL	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RREO. (Enter nature of injury in Part I or Part II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	
	death occurred at 5 M, from the causes and on the date stated above.
22a SIGNATURE M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED
22c. PRYSICIANS NAME (Type) W. N. Baumann	22d. ADORESS Church St., Cambridge, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial Specify Aug 20, 1966 Dorchester Met	morial Park Cambridge, Maryland
24. FUNERAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
LeCompte Funeral Service, Cambridge, Mar	yland AUG 24 1956 Charles Judge

VR AI5 (4) 20M 1/65 317104

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FOR STATE HEALTH DEPT.

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This certificate should be executed within 24 hours after deoth. If

TO DEPUTY MEDICAL EXAMINER:

VR A15ME 6M 1/66

P.M.3. Poge artment of recognition. necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 'the funeral director. Page 4 should be forwarded to the Chief Medical Exominer's Office along with form the State De n 72 hours pages 1 and 2 with Heolth or its designated agent, prior to buriol, cremation, or removol, and in any event with 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File

	1133	2	MEDICAL	EXAMINER'S	CERTIFICATE C			13	1324
	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceosed lived		ce before	odmission) /
	a. COUNTY	chester		MARYLAND	o. STATE Mary]	Land	b. COUNTY WO	rcest	ter V
	b. CITY OR TOWN (I	If outside corporate limits,	c. LEI	NGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporote limits	, write RURAL ond give	e neorest	town)
	Cambri	give nearest town)	8	mos. 21 da	Bisho	ns		22	2
		AL OR INSTITUTION (If not in			d. STREET ADDRESS	00		e	. IS RESIDENCE
	Footow	m Chama Ctat	a Wasnit	o.l		NIX		l y	ON A FARM? 'ES NO S
3	NAME OF	n Shore Stat	s HOSDIC	Middle	Lost	4. DATE	Month	Dov	Year
	DECEASED			11110010		OF DEATH			
_	(Type or print)	6. COLOR OR RACE 7.		NEVER MARRIED	Quillen 8. DATE OF BIRTH	9. AGE (I	August n years IF UNDER	1 YEAR	19 66 IF UNDER 24 HRS
				DIVORCED	11 1	lost b	irthday) Months	Doys	Hours Min.
_	Male	White	IDb. KIND OF		1) BIRTHPLACE (Stote	377? 89?	Yrs.	TIZEN OF	WHAT
	ing most of working	life, even if retired)	WDUSTRY	1		or toreign country)	U.S	UNTRY?	TITAL TO SERVICE STATE OF THE
12	FATHER'S NAME	un	400-7	0/0/11	Unknown 14. MOTHER'S MAIDEN	NAME			
13.	TATTIER 3 INAME	P.t. O				= 000	Mich		
10	THE PERSON IN	R IN U.S. ARMED FORCES?	LL SOCIAL	SECURITY NO. 17.	INFORMANT	ollen	Address	mo	7
		(If yes give wor of dotes of se	rvice)				Address		
					astern Shore	State Ho	spital rec		
		EATH (Enter only one couse p TH WAS CAUSED BY:	1 11 1					-ONS	ET AND DEATH
	0	IMMEDIATE CAUSE (o)	IEF	MINAL PHEU	MONIA			2	DAYS
	902	,	Fe	ACTURE NECK	OF FEMUR				28 DAY
	Conditions, if ony, rise to immediat	e couse (a)		1010110 112011				-	
	stoting the under								
	last.) (c)							
z	PART II. OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PAI	₹T 1(o)		WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION								YES	
TEE	20o. EXTERNAL CA PRIMARY ☐ or COI	USE WAS			. (Enter noture of injury in				
CER	CAUSE OF DEATH.	NIKIBUTING LA	CLIMBE	D OVER BED	RAILS AND F	ELL TO FLO	OR		
ICAL		JRY Month, Doy, Yeor	2Dd. INJURY C		ACE OF INJURY (Home, farn		r town) (Cou	unty)	(Stote)
MED	5.35AM	n. 7-20-66 19	While of work		ctory, street, office bldg., etc. PITAL	CAMBI	IDGE D	OR.	Mo.
		y that I taak charge o				Inspection X	Inquiry ,	and	in my apinio
	death result				icide . Homicide		nined manner]	m my apimo
	dedili lesoli	da lati. Natoral c	10363 [],	Accident [1]	CHIEF MEDICAL	<u> </u>	miled tridinier	,	8/10/66
	ACTUAL	today 2	22-6	A		DICAL EXAMINER			2. DATE SIGNED
	SIGNATURE	M		11 -	DEPUTY MEDIC			YYW	8429/66
	EXAMINER'S NAME (Type)	JOHN ACE	JR.	U		t, city, town, or count	у)	~ 67	יוייייייייייייייייייייייייייייייייייייי
230	. PERAL, CREMATIC	ON, 23b. DATE THERECO)F / 23c.	NAME OF CEMETERY OF	KEMATORY	23d CATION	City or Town)	(County)	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. PLACE OF OEATH 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Dorchester a. STATE Maruland b. COUNTY Talbot MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) /write RURAU and give nearest town) hours filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? bon papers within 72 main St. -- Boarding Iripe Ave. NO F empletely carbon p YES within NAME OF Middle DATE Month DECEASED unust 28 19 66 (Type or print) DEATH executed 5. SEX 6. COLOR OR DATE OF BIRTH (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED Months Days Hours WIDOWED DIVORCED nding physician Then please removal, and in .5 10a. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) pe COUNTRY? Talbot. Maryland certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Smith attending | oveu 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ed by the attenctransit permit. death (Yes, no, or unkown) (If yes give war or dates of service) Robinson aston, Maryland been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN aw requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Chronic Congestive Cardiac Failure or attending physician. omos IMMEDIATE CAUSE (a) DUE TO Arteriosalerotic Heart Disease yrs Conditions, If any, which gave rise to immediate has been e as the h h prior to DUE TO cause (a), stating the Arteriosalerois Generalized yrs underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate had detached for use a te Dept. of Health p WAS AUTOPSY PERFORMED? CERTIFICAT NO PE YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) After tould be the state of the factory, street, office bldg., etc.) Hour a.m. MEOI While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: Jage 3 should lied with the saw the deceased alive on and that death occurred at 7 : Ma from the causes and on the date stated above. 22a: SIGNATURE 22b. DATE SIGNED page PHYS. STAFF PHYS. DIRECTOR Page 4 may director, par should be fil PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 1966 **FUNERAL DIRECTOR** 25%. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11333 FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY Dorchester o. STATE Maryland b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give neorest town) write RURAL and give nearest town) after (Toddville Cambridge d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Cambridge Md. Hospital, D.O.A. None YES 🗌 NO X 3. NAME OF 4. DATE Month Doy Year DECEASED Freddie Robinson 18. Orland August 66 (Type or print) DEATH within S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthdoy) Hours Male 1876 WIDOWED DIVORCED Aug. event IDa. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN DF WHAT during most of working life, even if retired)
Waterman INDUSTRY COUNTRY? Seafood Maryland ony 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊑ William Taylor Robinson Emily Jones File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) remayal 220-32-1058 Mrs. Freddie Robinson Toddville. No 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 Coronary occlusion IMMEDIATE CAUSE (o)_ 4201 cremation, DUF TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X designated ogent, prior ta 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Dc. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot wark ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apinian death resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8/20/66 ar DEPUTY MEDICAL EXAMINER IX EXAMINER'S TO FUN.
Health o John Mace Cambridge, NAME (Type) Address (Street, city, town, or county) Md. 230. BURIAL TREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Dorchester, Md. 66 Memorial Park. Dorchester 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Service, Cambridge, DATE AUG

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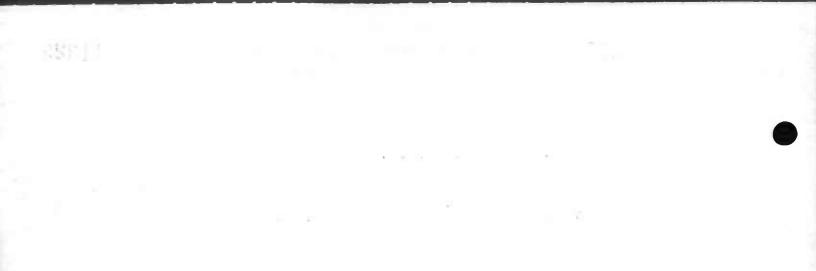
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11334 CERTIFICATE OF DEATH funeral 2 and 2 ter death executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH o. COUNTY Dorchester MARYLAND vithin 72 hours after Dorchester by the ti b. CITY OR TOWN (If outside comprote limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give neorest town) Cambridge, Md. 5YR. 7MO. 6DAS. Cambridge, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) .= d STREET ADDRESS IS RESIDENCE ON A FARM? Eastern Shore State Hospital ROUTE #3 YES X NO 3. NAME OF Middle Lost 4. DATE remave carban Doy DECEASED event, (Type or print) 08-DEATH Ruark S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH A GE Tyeors IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours and in any WIDOWED Male DIVORCED White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) pe during most of working life, even if retired) COUNTRY? lease INDUSTRY Farming certificate Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a burial, crematian, or remaval Then Ed Ruark Addie Ruark 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Eastern Shore State Hospital Records No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Metastasis Carcinoma IMMEDIATE CAUSE (o) ... be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove Carcinoma of the Ascending Colon YR. rise to immediate couse (a). DUE TO stoting the underlying couse priar to has been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES [NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) 1906 ta MM 1 S1, 1960, that HY (we) last 21. I certify that W (this hospital) attended the deceased fram July saw the deceased olive an anterior 31 1966, and that death occurred at 1:55 M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 8-31-66 M.D. DIRECTOR director, page should be filed 22d. ADDRESS EASTERN SHORE STATE HOSPITAL, CAMBRIDGE, 22c. PHYSICIAN'S NAME (Type) Dr. C. F. Barroso 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Sept 2, 1966 Bethleham Meth. Churchyard Taylors, Island, Maryland 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1866

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DIVISION OF STATISTICAL RESEARCH AND RECOR W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral 2. USUAL RESIDENCE (Where decaasad lived, If institution: Rasidence bafore admission) PLACE OF DEATH COUNTY b. COUNTY within 24 hours by the and 2 death. MARYLAND CITY OR TOWN (if outside corporata limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ rita RURAL and give nearast town) Ē affer Pages filled d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) . IS RESIDENCE hours ON A FARM? YES NO completely NAME OF Middle DATE Month Day 72 DECEASED OF (Typa or print) DEATH 19 within 6 carbon AGE (In years | IF UNDER I YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. DAT and last birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work physician please remove 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 0 13. FATHER'S NAME .5 attending and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Address (Yes, no, or unkown) | (Ifyasgivawarordatasofsarvica) remova ONSET AND DEATH 18. CAUSE OF DEATH |Enter only one cause par line for (a), (b), and (c), by ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation months cremation, burial-transit DUE TO (b) Arterio sclerotic heart disease Conditions, if eny, which gave rise to immadiate cause DUE TO (a), stating the undarlying burial, the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate CERTIFICATION 2 8 PERFORMED? NO use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH he R: After this detached for of Health ATTENDING 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Homa, farm, 1 Month, Day, Year 20f. (City or town) (County) (State) factory, straat, office bldg., etc.) While retained Not While Hour a.m. at work at work p.m. DIRECTOR: Dept. pe should State may 22b. DATE 22a. SIGNATURE ATTENDING SIGNED MED. STAFF PHYS. DIRECTOR PHYS. death. Page 4 M.D. HOSPITAL page with 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Edwin Fassett Pine Street Cambridge rector, 23a. BURNAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, AL (Specify P d G REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DIRECT 156 VR A1S (4) 20M 5-63

MARYLAND STATE DEPA

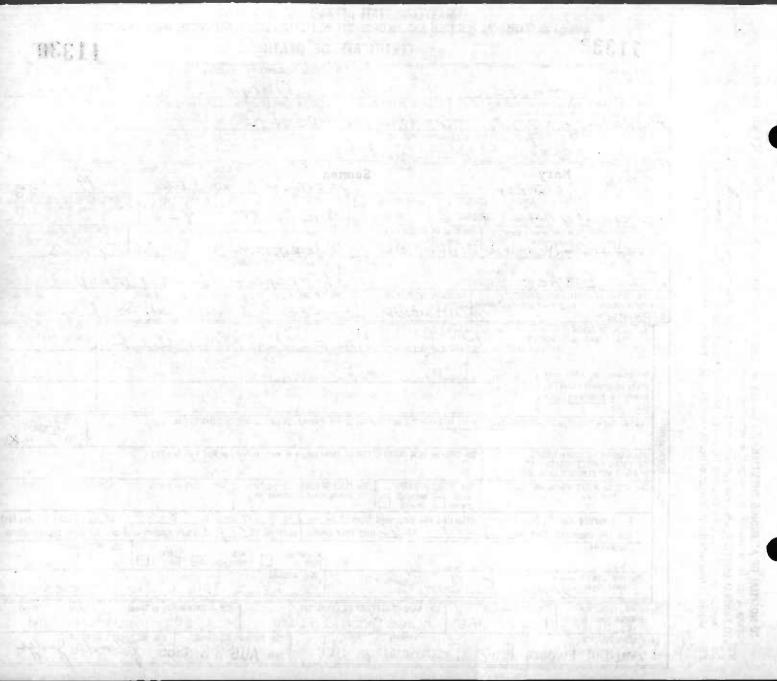
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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OR	DIRECTOR: A DIRECT		La col 7 ha	M.D.	ATTENDING ME PHYS. DIR	D. STAFF PHYS. STAFF	115/66
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2	- 00 N		Burucu Fry	James James	2		1,60

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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		b. CITY OR TOWN (If outside corporate limits, write RURAL and give dearest town)	c. CITY OR TOWN (If outside co	rporate limits, write RURA	L and give nearest town)
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	뿔	p.m. 19 at work at work			
		21. I certify that (I) (this hospital) attended the deceased from A	pril 26 1966 to	August , 196	6_ that (I) (we) last
		saw the deceased alive on August 2419 66, and that	t death occurred at M. f	rom the causes and on t	
		22a. SIGNATURE			DATE SIGNED
		C. F Days	ATTENDING MED.	STAFF D 8	/25/66
		22c. PHYSICIAN'S	D. PHYS. DIRECTOR	PHYS. U O	/25/00
		MAME /Tune\ -			
			Hurlock, Mar	yland.	
0	232	BURIAL, CREMATION, 2357 DATE THEREOF 23C. NAME OF CEMETERY	OR CREMATORY 23d. 1	OCATION (City, town or co	ounty) (State)
	1	15/10/66 East New/	Byret, Las	ST NEW//BY	helind
	24.	FUNERAL DIRECTORY ADDRESS	259 REC'D BY REG	ISTRAR 25b. REGISTRAR	'S SIGNATURE
0	1	IT & Hellorabby Court Am Man	Let /01 AllG 30	1966 Julia	rees Judge
X	14	in v. / lucy of coal flew of	MARATE AUG S	, ,000	0 0

VR A15 (4) 15M 4-64 1881 on Skewick and real

FOR STATE HEALTH DEP TO DEPUTY NAME EXAM. ER. This certificate should be executed within 24 hours after death, if any Cardy is necessary, please execute the certificate, with a word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 113

1100	0		0 000000				200			
1. PLACE OF DE a. COUNTY	_{атн} Dorchester	MARYLAND	a. STATE Vil	ence (Where dec	b. COUN	institution: Reside	ampto	admissio		
b. CITY OR TOV write RURAL Nr. Vien	VN (if outside corporete limits, and give nearest town)	e. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corpor	ata limits, write	RURAL and give	nearest to	wn)		
d. NAME OF HO	OSPITAL OR INSTITUTION (if not in	hospital, giva straat address)	d. STREET ADDRES	SS			e. IS	RESIDENC		
Route 5			None				7.0	A FARM		
3. NAME OF DECEASED (Typa or print)	Thomas Alle	n Middla	il v ia	4. DATE OF DEATH	Month Aug.	7		ear 66		
5. SEX Male	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH Aug. 2, 194			Months Days	Hours Hours	R 24 HRS		
10a. USUAL OCCU	of working life, even if retired)	School	ry 11. BIRTHPLACE (Sta		try)	12. CITIZEN	OF WHAT	COUNTR		
13. FATHER'S NAM	Alfred J. Si	lvia	14. MOTHER'S MAIDI Ruth Ma	en name acbruber				3.00		
15. WAS DECEASE (Yas, no, or unkown	D EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. Mr	INFORMANT . A. J. Sil	via, CApe	Address Charle	es, RFD,	Va.			
Conditions, if gave rise to im (a), stating the cause last.	DUE TO any, which (b)	rushing injury		MINAL DISEASE CO	DNDITION GIV			AUTOPS)		
PRIMARY OF CAUSE OF OF	T CONTRIBUTING Driv	cribe how injury occurred			f item 18.)		YES A	но [
20c. TIME OF	.m. 0 = ((W	hile Not While a fac	ACE OF INJURY (Home, fictory, street, office bldg., and physical street)			(County) Dor. N	Id.	(Stata)		
	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident X. Suicide . Homicide . Undetermined manner									
ACTUAL SIGNATURE	John m	wh.	M.D. ASSISTANT M	AL EXAMINER [DATE SIG	GNED		
EXAMINER NAME (Type)			Address (Stree	cal examiner K		8/	7/66			
22a. BURIAL, CREM REMOVAL (Sp. BUTIAL		Capeville Mas		Capevi	ON (City, town,	.,	(Sta	ite)		
23. FUNERAL DIRE		ADDRESS		REC'D BY REGISTRA	R 24b. REGI	STRAR'S SIGNAT	TURE	-		
LeCompte	Funeral Service	, Cambridge, Ma	ryland DATE	AUG 15	1966	Milan	Par Que	dos		

VR AISME SM 1/63

191 STUDIOS SELECTION CONTROL CONT .ev. Hill .neless. Cym Creeker. Hill. ve. Chemistress account his the to the invital Participant Capacitation of the same of th Margaret Marvico, Cembridge, Margaret Law AUG Latter 2004 - 2004

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Slay is necessary, ral director. Page I for your files. b. COUNTY ō Dorchester MARYLAND Dorchester mary Land Department death. b. CITY OR TOWN (if outside corporete limits. e. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Lifetime Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? the funeral with the State 72 hours after retained he State Glasgow Road Glasgow Road YES NO 3. NAME OF 4. DATE Middle Day DECEASED OF (Type or print) August 22 DEATH Calvin 19 0 Russell Spear. 3 to t pe 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 1, 2, and 3 tage 5 may be and 2 with within 72 last birthday) Months Hours Male 28,189 August WIDOWED DIVORCED "pending" in pencil in Item 18. Give Pages 1, 2, an ixaminer's Office along with form PM3. Page 5 m crems! 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) event Restaurant Operator Cambridge U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any Robert F. Spear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mary Frances Goslin 1 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (If yes giva war or dates of service) or removal, and Mrs. Russell Spear Sr. Cambridge certificate should be executed 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary occlusion IMMEDIATE CAUSE (a) Instant 420 **DUE TO** Conditions, if any, which (b) please execute the certificate, writing the word "pending" is 4 should be forwarded to the Chief Medical Examiner's O' TO FUNERAL DIRECTOR: Page 3 should be used as a but Health or its designated agent, prior to burial, cremation, gave rise to immediate cause DUE TO (a), stating the undarlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19, WAS AUTOPSY CERTIFICATION PERFORMED? EXAMINER: This NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection K Inquiry and in my opinion MEDICAL death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY 8/23/66 DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace Jr. NAME (Type) Address (Street, city, town, or county) Cambridge Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Spacify) New Market Cemetery 8/25/66 Burial REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Charles 1966 VR AISME 700 Locust St. 5M 1/63

A STATE OF THE STA TROUGH LORANGE NY 4 10 3 14 13 The second of th Action | Joseph L. W Charles Entropy range of the last The state of the second of the Acids . 0-.54 70004 1005 the title of the property of the contract of t

FOR STATE HEALTH DEPT.

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O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours, after death. If any delay is recessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office should with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1' and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DEPUTY MEDICA

VR AI 5ME (5) 5M 1/65

2

MARYLAND STATE DEPARTMENT OF BEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11 2.

USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

340 OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a. CDUNTY	DORCHESTER MARYLAND TOWN (If outside corporate limits, clength of stay in 10 to 10	CAROLINE		
b. CITY OR TOWN (If outside corporate limits.				
write RURAL and give nearest town)				
CAMBRIDGE (RURAL)			(RUKAL)	e. IS RESIDENCE
				ON A FARM?
EASTERN SHORE STATE HOSPIT	AL "1	ROUTE #L		YES NO X
3. NAME OF First DECEASED	Middle	Last		Day Year
(Type or print) LACEY			DEATH AUGUS	
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years I	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
MALE WHITE WIOOWED	DIVORCED [12-13-85	0	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MERCHANT	INDOO IN I	MARYLAND		USA
13. FATHER'S NAME			EN NAME	
COOTER LACEY STEVENS		ALMERA FI	SCHER	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16	. SOCIAL SECURITY NO. 17.			\$
	18 03-0089 PE	CADDE AF THE	FACTERN SHOPE	STATE HOSPITAL
		OKUS OF THE	ENSTERN SHORE	INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY:				ONSET AND DEATH
1471	RONARY OCCLUSIO) N		INSTANT
502.10				
gave rise to immediate				
cause (a), stating the				
			ISTACE CONDITION OF VER IN O	PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	TOTING TO DEATH BUT NOT KELA	TED TO THE TERMINAL O	ISEASE CONDITION GIVEN IN P	PERFORMED?
ICA				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at wor	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nuture of	Injury in Part I or Part II of	Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa		(County) (State)
Hour a.m. While	Mot while	ry, street, omce blug., et		
		ld an Autopsy .	Inspection X. Inquir	ry [], and in my opinion
			le . Undetermined r	manner 🗆
SIGNATURE Solam Mrs	-3- 1	M.D. ASSISTANT MED	ICAL EXAMINER	22. DATE SIGNED
	. /		AL EXAMINER	0/0/00
EXAMINER'S JOHN MACE M.D.		Address (Street	, city, town, or county)	8/2/66
23a. BURJAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY		vn or county) (State)
REMOVAL (Specify) AUG 4 1966	O VENT			
24. TUNERAL DIRECTOR	ADDRESS			GISTRAR'S SIGNATURE
Allerail Manse & Son	· Deuton	MOU DATE AU	0 0 1300	Charles Judge
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				JOHN PACE M	and l
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	BEST LEP			-4.024	

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

11335

FOR STATE	2	1134		INED	ICAL EXAMIN	EK 3	CERTIFICATE	OF DEATH		1	1000
ALTH DEPT.		PLACE OF DEATH					2. USUAL RESIDENC	E (Where deceased lived			
3 ta 3 ta Page ent af leath.		a. COUNTY	Dorchest		MARY		g. STATE Mar		b. COUNTY	DOLG.	hester
, o . = 0		b. CITY OR TOWN (If autside carparate limits d give nearest tawn)	5,	c. LENGTH OF STAY II	V 1b	c. CITY OR TOWN (If	autside carparate limits	, write RURAL	and give neare	st tawn)
2, and PM3. PM3. partme		Taylor	's Island		l day		Cambri	dge			9-1
n m Dep		d. NAME OF HOSPIT	AL OR INSTITUTION (If no	it in haspital, g	jive street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
ges 1, farm farm farm farm								mper St.			YES NO.
with farm one State D		NAME OF DECEASED	G ee gory	st ²	:Clevon	m-	i.lghman	4. DATE OF	Month	Day	
along with farm and the State De withm 72/haurs	S.	(Type ar print)	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH	DEATH 9. AGE (Aug.	17 FUNDER 1 YEAR	19 66
Item 18. Give Page Office along with 1 and 2 vith the Sa event within 72h		Male	Negro	WIDOWED	DIVORCED		Feb. 4.	1962 Hast b		Manths Days	Haurs Min.
Item 18. Office alc event wi		USUAL OCCUPATION	(Give kind af wark dane	10b. KI	ND OF BUSINESS OR		1 -	ate ar fareign cauntry)	y13.	12. CITIZEN OF	: WHAT
in the	dur	ng mast of warking None		IN	None None			land		COUNTRY?	
ncil in Item niner's Offic pages Land in any ever	13.	FATHER'S NAME			2,0110		14. MOTHER'S MAIDE	EN NAME			
wirnin n pencit Examine Exile page and in a	L	Alfre	d Burroug	hs			Edith	Tilghman	n		
in particular in			R IN U.S. ARMED FORCES? (If yes give war ar dates a		OCIAL SECURITY NO.	17.	INFORMANT		Address		
pe executed "pending" in iief Medical E insit permit. F ar remaval, a		No			None	<u> </u>	dith Til	ghman Ca	ambric		
are snavia be executed the ward "pending" id to the Chief Medical a burial-transit permit.			EATH (Enter anly ane cau TH WAS CAUSED BY:							INT	ERVAL BETWEEN SET AND DEATH Instant
d " d " Chie		9160	IMMEDIATE CAUSE	(-)	mation						Instant
snavia e ward x the C vurial-tr		Canditians, if any	, which gave)	(b)							
the the late a point of the late late late late late late late lat		rise to immediat stating the under	e cause (a), (` /							
ing rded as o as o		last.		(c)							
e certificate, writing the ward "pending" in pencif in shauld be farwarded to the Chief Medical Examiner's files. 3 shauld be used as a burial-transit permit. File pages int, prior to burial, cremation, or remayal, and in any	z	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT RELA	TED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN PA	RT 1(a)	19.	WAS AUTOPSY PERFORMED?
cate, be far be u	CERTIFICATION	-								Y	ES NO
k: International Principle	RTIFI	20a. EXTERNAL CA PRIMARY 2 ar COI	USE WAS NTRIBUTING 🗀					in Part I or Part II af ite	∍m 18.)		
innek: na certifica shauld bu files. 3 shauld la shauld	AL CI	CAUSE OF DEATH.	Inv. March Day Van		Was in bu		CE OF INJURY (Hame, fo			(Caunty)	(State)
ge or 4	MEDICAL	Hour a.r		While	N=410/6:91						or. Md.
Tyde of			y that I taok charge								in my apinian
rectal Executives executives as executives and far your last of the control of th		death result		causes	_		ide , Hamici		nined manı		in my apintan
inector inecto			O No.	-	, Accident Es,	5010		AL EXAMINER	miled main		
pled I dir reta L DI its o		ACTUAL SIGNATURE	Lohn	ma	ec /		M.D. ASSISTANT N	MEDICAL EXAMINER			22. DATE SIGNED
ary, nera be be ar		EXAMINER'S	John Mace	Tn	N D			OICAL EXAMINER	8/2	20/66 abridge	
necessary, please execute the funeral director. Page 4 5 may be retained far yaur TO FUNERAL DIRECTOR: Page Health ar its designated age	22.0	NAME (Type) BURIAL, CREMATIC				EDV OD		reet, city, tawn, or caunt			
CE ON PE	230	BURIAL (Specify) 23D. DAIL THE	- 66	23c. NAME OF CEME	CKIUK	CKEMAIUKT	23d. LOCATION	Lity or Town)	(County)	(State)
0	24	FLINEPAL DIPECTO	D	- 4	ADDRESS	N	2Sa. RE	EC'D BY REGISTRAR		TRAR'S SIGNATUR	
VR A15ME (5)		Booker	West Fun	neral	Service	re	MATA DATA	JG 2 2 1966	s you	worles &	udge.

FOR STATE the funeral directar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page deloy is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to This certificate should be executed within 24 hours ofter death. If TO DEPUTY MEDICAL EXAMINER: 5 moy be retained for yaur files.

MARYLAND STATE DEPARTMENT OF HEALTH

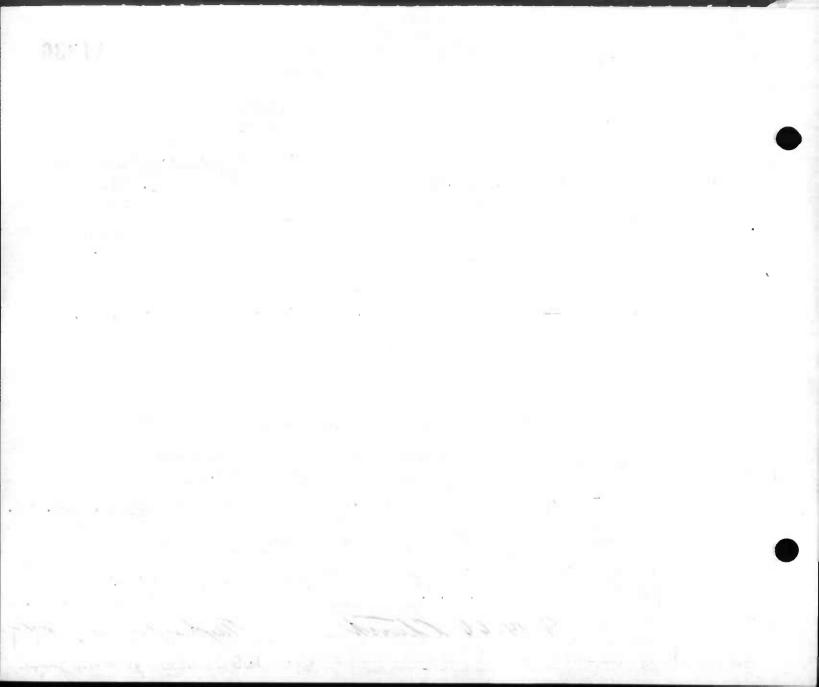
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1342 Item "MEDICAL EXAMINER	S CERTIFICATE OF DEATH
-----------------------------	------------------------

11336

DIEPT)	1.	PLACE OF DEATH O. COUNTY Dorohe ster	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	L	MARYLAND MARYLAND	o. STATE Maryland b. COUNTY Dorchester
Deportment of its ofter death		b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
ortr	L	Taylors Island Lay	Cambridge 09-/
Dep o s		d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
to of	L		411 Camper St. YES NO Z
the Store		NAME OF DECEASED (Type or print) Sharon Corethia Tilghm.	DEATH
pages land 2 with the		Female Negro WIDOWED DIVORCED	8. DATE OF BIRTH July 14, 1963 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
and	10d dui	a. USUAL OCCUPATION (Give kind af work dane ring most af warking life, even if retired) INDUSTRY	11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
ges l any	L	None None	Maryland
pag ii	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
File	15	Alfred Burroughs Was deceased ever in u.s. armed Forces? 16. Social Security NO. 17.	Edith Tilghman INFORMANT Address
o burial-transit permit.	(Ÿ	The second secon	dith Tilghman Cambridge, Md.
rem		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
rans,		IMMEDIATE CAUSE (o) CP OMATION	ANSET AND DEATH Instant
rial-1 tion		Canditions if any which gave >	
bui		rise to immediate cause (a),	
as o I, cre		stating the underlying cause CC CC CC CC CC CC CC	
TO FUNERAL DIRECTOR: Page 3 should be used as o burial-transference of the standard agent, prior to burial, cremation.	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
d b	TIFIC	20a. EXTERNAL CAUSE WAS PRIMARY AS OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)
prior	E.	I CALISE DE DEATH	e which burned.
3 sl ent,	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State)
oge oge	W	Z III part O/ Z // " CO di Wdik Co di Wdik Co	ory, street, affice bldg., etc.) Taylors Island, Dor. Md.
oted		21. I certify that I took charge of the remains described above, he	ld an Autopsy 🔲 , Inspection 🔼 , Inquiry 🔲 , ond in my opinion
CTO		deoth resulted from: Noturol couses , Accident , Suic	ide [], Homicide [], Undetermined monner []
L DIRECTOR: Page 3 shits designated agent,		ACTUAL COLOR	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
AL I		SIGNATURE John March	M.D. ASSISTANT MEDICAL EXAMINER
F S		NAME (Type) John Mace Jr. M.B.	DEPUTY MEDICAL EXAMINER 8/20/66 Address (Street, city, town, or county) Cambridge. Md.
Eal Ea	230	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
5-0		BEMOVA (Specify) S-19-66 Church	Tantus Island - md-
LEVE (E.C.	24	4. FUNERAL DIRECTOR ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
15ME (5)		Booker West Funeral Service Camb	orided pare Walle of a store were

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND ON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 2, and 3 to PM3. Page MARYLAND deloy Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits write BURAL and give nearest four ofter INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours with form R.F.D. ate in Item 18. Give Pages 24 hours ofter death. 3. NAME OF First 4. DATE oreshallede Lost 52 DECEASED OF with the Mildred Todd (Type or print) DEATH along 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 7. MARRIED NEVER MARRIED lost bothdoy) Months DIVORCED WIDOWED Office ever Jond 10b. KIND OF BUSINESS OR BIRTHPLACE 12, CITIZEN OF WHAT INDUSTRY COUNTRY any pending" in pencil in ef Medical Exominer's pages in any MOTHER'S MAIDEN NAME pencil be executed within and WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN (Yes, no, or unknown) (If yes give wor or dotes of service removol. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Coronary occlusion cremotion, or IMMEDIATE CAUSE (o' word This certificate should DUE TO Conditions, if ony, which gove writing the rise to immediate couse (a) DUE TO stoting the underlying couse last. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificate. Health or its designoted agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY Or CONTRIBUTING should EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page pleose execute ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection XX. Inquiry deoth resulted from Noturol couses XX Suicide funeral director. Accident Homicide Undetermined monner retoined CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER John Mace **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) the 1 NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23d. LOCATION (City or Town) 9

e. IS RESIDENCE ON A FARM?

Year

196

IF UNDER 24 HRS

NO X

YES

Hours

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO K

(Stote)

ond in my opinion

22. DATE SIGNED

(County)

1966

8/21/66

(Stote)

Day

YEAR

VR A15ME (5) 6M 1/66

STATE OF THE STATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN autiside corparate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If autside corporate limits. write BURAL and give negrest town) am bridas d. STREET ADDRESS IS RESIDENCE ON A FARM? INSTITUTION (If nat in hospital, give street YES NO 4. DATE 3. NAME OF First Last Month Day Year OF DEATH DECEASED SS 1966 (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Manths birthday) Days Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) during most of working life, even if retired) INDUSTRY TOUSELLI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME our 17. INFORMAN 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from_ 1966, that 44 (we) last 1966, and that death occurred at M, from couses and an the date stated above. saw the deceased olive on 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** STAFF M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death.

the hospital or attending

be retained by

TO HOSPITAL

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TO FUNERAL DIRECTOR: After

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VR A15 (4) 20 M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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20	11346	Dorchester Y Dor Town (if outside corporate limits, c. LENGTH OF STAY IN 1b ast New Market 3yrs, 6 mons Maryland C. CITY OR TOWN (if outside corporate limits, write Re RRAL and give nearest town) ast New Market 3yrs, 6 mons to Stephen's Nursing Home OF STAY IN 1b Ernest Taubman White Unknown OF BUSINESS OR INDUSTRY Fairmount August S. DATE OF BIRTH April 16, 1884 S. DATE OF BIRTH April 16, 1		11340					
1.	PLACE OF DEATI a. COUNTY	OF PEATH NETY Dorchester MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution NETY NET DWN (If outside corporate limits, as STATE Maryland STATE Maryland STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RUE STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RUE Maryland C. CITY OR TOWN (If outside corporate limits, write RUE Maryland C. CITY OR TOWN (If outside corporate limits, write RUE Maryland C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate limits, write RUE C. CITY OR TOWN (If outside corporate Imits, write RUE C. CITY OR TOWN (If outside corporate Imits, write RUE C. CITY OR TOWN (If outside corporate Imits, write RUE C. CITY OR TOWN (If outside corporate Imits, write RUE C. CITY OR TOWN (If outside corporate Imits, write RUE C. CITY OR TOWN (If outside corporate Imits, write RUE C. CITY OR TOWN (If outside corporate Imits, write RUE C. CITY OR TOWN (If outside corporate Imits, write RUE C. CITY OR TOWN (If outside corporate Imits, write RUE C. CITY OR TOWN (If outside corporate Imits, write RUE C. CITY OR TOWN (If outside corporate Imits, write RUE C. CITY OR TOWN C. CITY OR TOWN (If outside corporate Imits, write RUE C. CITY OR TOWN C. CITY OR TOWN C. C	OUNTY	esidence befor	e admission)				
	b. CITY DR TDW	N (if outside corpora	ate limits,		c. CITY OR TOWN (If	outside corporate limits,			erest town)
			*****	3yrs. 6 mons	Fai	rmount		19 -	2
	d. NAME OF HO	SPITAL OR INSTITUTI	ON (if not In h	ospital, give street address)	d. STREET ADDRESS			e. IS	RESIDENCE A FARM?
	St. St	ephen's Nu	rsing He	ome	Unk	nown		YES	
3.	NAME OF DECEASED (Type or print)				22121	OF	and the second	Day	Year 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED			19. AGE (In yea	ars IF UNDER		
M	lale	White	WIDDWED	DIVORCED	April 16, 1	004 07		Days Hou	rs Min.
10a	. USUAL DCCUPAT	ION (Give kind of worl	k done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or foreign cou	ntry) 12. CI	TIZEN OF WI	IAT
					Fai rmoun	t. Maryland		SA	
13.	FATHER'S NAM	E			14. MOTHER'S MAIL	DEN NAME			
	George	T. Walston			Anna R.	(unknown)			
15	. WAS DECEASED	East New Market April Apr							
(16	No No	(11 yes give war or dates		56-01-5298 Tu	andon Walsto	n Jr. 3501 1	Erdman	Avre R	alto
		DEATH (Enter only or			man marge	11, 01, 3301 1	JI Willall	INTERVAL	
					Decompens	ation		ONSET AN	D DEATH
	4711								
	Conditions if			innary Arter	s Scleros	is		15 y	n
		Immediate	(D)	Jonary 1 dary	0 2010100	2. 10		- day 3	_
		rariiig ruo [a	enenglized s	nteningal	ennaia		?	
N							IN PART 1/2)	119. WAS	AUTOPSY
ATI(TED TO THE TERMINAL	JISEASE CONDITION GIVEN	III ANI Z(a)	PERF	ORMED?
IFIG					IDDED (Enter nature of	Finings in Dart I or Dart I	II of Itam 10	YES [NO 🔼
CERTIFICATION				DESCRIBE HOW INJURY OCCU	RKED. (Elitel hatele of	injuly ni Fait i oi Fait i	i or item 10.		
MEDICAL	Hour a.n	n.	While	Not While facto) (Cou	nty)	(State)
Σ					3/43	8/20/	166		
	saw the de	cogsed alive on	pital) attende	ed the deceased from 1966, and that	death occurred		, 19 es and on th	, that (I) ne date stat	(we) last ted above.
	22a. STGNATU	RE ON	1)				22b. D/	ATE SIGNED	55.00
			xinu	MULL M.D	. PHYS.	DIRECTOR PHYS.] 0/2	0/66	
			d B.P1	ummer M.D		Maryland			
23a	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	, town or cou	nty)	(State)
	Burial	8-22-	1966	Fairmount (emetery	Fairmour	nt	. 1	Md.
24.	FUNERAL DIRE	CTOR	ACT.	ADDRESS		- 00	REGISTRAR'S	SEIGNATUR	lale
	Frampt	om Funeral	Home	Federalsburg.	Md. DATE A	116 2 3 1966	A. C.	0	0 _

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Roders Lobore, 11d.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin 24 mous and death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1, MARYLAND
11347	CERTIFICATE OF DEATH	1134

					2 2 1	/ 4 2
1. PLACE OF DEATH		2. USUAL RESIDE			Residence befor	e admission)
Dorchester	MARYLAND	. STATE Mary	land	b. COUNTY DOT	chester	
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RURAL an	d give nearest t	lown)
write RURAL and give nearest town)	1 Year	Cambasi	des Md E	ED #0	1.0	. ,
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRES	age, Ma. A	L.F.D. # 2,		RESIDENCE
					0	N A FARM?
Cambridge Maryland Hospita			ne		YES [NO A
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Y	ear
(Type or print) Lorrai	ne Alice Wh	ite	DEATH	Aug	6 1	9 66
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	. DATE OF BIRTH		E (In years TF UNDER 1		ER 24 HRS.
Female White WIDOWI		April 19. 1		birthday) Months yrs.	Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (Co	unty & State, or foreig	n country) 12. CIT	TIZEN OF WHAT	COUNTRY?
done during most of working life, even if refired)				R I I I I I I I	11 0 4	
Housewife H	lousewife	St. Cha	ries, Mo.	1	U.S.A.	
Forest Smallwood 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	<u>Unkn</u>	own			
(Yes, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
No No U	nknown Mr	. Gary Whit	e. Cambrid	ge. Md.		
1B. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), end (c).]				INTERVAL I	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ilater	Loug	un or	n'a	ONSE! AN	DEATH
491 V DUE TO .	1.		1 1			
Conditions, if any, which	ill onn	- Air	of DA	on onl		
gave rise to immediate cause		49 10101.	1000	- 4	_	
(a), stating the underlying DUE TO	2 - 1					
cause last. (c)	on Alery					
PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE CON	NTION GIVEN IN PART		FORMED?
CA1					YES V	NO 🗌
PART II. OTHER SIGNIFICANT CONDITIONS COLUMN	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I or Part II of	tem 18.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
Z 20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	arm, ! 20f. (City or to	own) (Cou	unty)	(Stete)
20c. TIME OF INJURY Month, Day, Year 20d. While the control of the	0	lory, street, office bldg., e	otc.)			
¥ p.m. 19 at wo	rk at work		1			
21. I certify that (I) (this hospital) atten				, 19.		, ,
saw the deceased alive on	, and that	death occurred at		causes and on t	he date state	ed above.
22a. SIGNATURE	1 0 10 0	ATTENDING_	MED. S	TAFF	2	2b. DATE
Muse W. Bleeks	of ballology			rys.	8-7.6	6
22c. PHYSICIAN'S		22d. ADDRESS	0 44 .	11	1. 1	1. 1
NAME TYPE DE DIE	CKRLA	EOSA	+ New	U Ma	-URA	Md
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	N (City, town or count	ly)	(Stete)
REMOVAL (Specify)						
Burial Aug 9, 1966	Fairview Cem	etery	Frank	ford, Mo	SIGNATURE	
24 FUNERAL DIRECTOR'S SIGNATURE The Compute Funeral Service.						gla.
La Compte - lineral pervice.	OSMIDITARE MA	DATE	Allia 4 15	DU /	VA	7

VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the funeral ages 1 and 2 rs after death. requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY filled in by the fun papers. Pages 1 of thin 72 haurs after of c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate write RURAL and give nearest tawg d. NAME OF HOSPITAL OR INSTITUTION of not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM Middle DATE Month Day NAME OF Year OF DEATH DECEASED event, (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years B. DATE OF BIRTH NEVER MARRIED S. SEX 6. COLOR OR 7. MARRIED last birthday) Manths Haurs and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during mast of warking life, even if retired) COUNTRY INDUSTRY physician MOTHER'S MAIDEN NAM 13. FATHER'S NAME 14 ar remaval, 16. SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? burial, crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO YEDONEPHRITIS CHRONIC Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the of Health prior to O HOSPITAL OR ATTENDING PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED® use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at work , 1966, that (I) (we) lost 21. I certify that (1) (this hospital) attended the deceased from 1960 to 8. 19 6 c, and that death occurred at 7.10 PM, from couses and on the date stated above. sow the deceased olive on... DATESIGNED 22a. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR directar, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S A. SILA BASRI NAME (Type) 23c. DAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town (County) 23b DAJE THEREOF 23a. BUDIAL, CREMATION 25g. RECD BY REGISTRAR 2Sb. REGISTRAK'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

campletely filled in by the funeral

physician and

and 2

Pages

lease remave carban papers. Pac and in any event, within 72 haurs

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

1. PLACE OF DEATH O. COUNTY DORCHESTER MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUR AL CAMBRIDGE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ASTERN SHORE STATE HOSPITAL 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before adm b. COUNTY WOR. C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town b. COUNTY WOR. C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town POCOMOKE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ASTERN SHORE STATE HOSPITAL 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE WHITE WIDOWED DIVORCED 12/23/84 WHITE WIDOWED DIVORCED 12/23/84 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANK ADVERTISING 10. STATE MD. C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town POCOMOKE 2. YRS. 3 MO. POCOMOKE 2. STREET ADDRESS 6. STREET ADDRESS 8. STREET ADDRESS 9. AGE (In years life UNDERT YEAR IF UNDERT YE	AND 21201			
11349	CERTIFICATE	OF DEATH		11343
1. PLACE OF DEATH O. COUNTY DORCHESTER	MARYLAND	o. STATE		TY .
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)			tside corparate limits, write RUR	AL and give nearest tawn)
	•		•	e. IS RESIDENCE ON A FARM? YES NO
DECEASED			OF AUGUST	29 166
	A HEVER III III III		lost birthdoy)	
during most of working life, even if retired)		, ,	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
(Yes, na, or unknown) (If yes give war or dotes of service)				35
DIST : DESTINATE CALLERY DV		monam	ecenza	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove (b) OF	Teriusele ro			se 2 years

DUE TO stating the underlying couse PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port fl af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Manth, Day, Yeor Haur a.m. 20d. INJURY OCCURRED factory, street, office bldg., etc.)

While Not While at work 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an_

1900 , that (I) (we) last 19 66 , and that death accurred at 1:55 M, fram causes and an the date stated above

WAS AUTOPSY PERFORMED?

(County)

NO X

(State)

(State)

22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR ATTENDING PHYS. STAFF PHYS. 8/29/66 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

CARLOS F. BARROS O E.S.S. HOSPITAL, CAMBRIDGE, MD. BURIAL, CREMATION, REMOVAL (Specify) I emation 23c. NAME OF CEMETERY-OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23a.

Silverbrook Crematory Wilmington, 8-31-1966 Delaware **ADDRESS** REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 2Sq. Marles Pocomoke City 1966 DATE

VR A15 (4) 20 M 1/66

director, page 3 shauld be detached far use as the burial-transit pelle shauld be filed with the State Dept. af Health priar ta burial, crematian,

CERTIFICATION

MEDICAL

10 FUNERAL DIRECTOR: After this certificate has been signed by Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE 2 HEALTH DEPT.

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This certificate shauld be executed within 24 hours after death.

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should be

the funerol director.

EXAMINER:

DEPUTY

o. COUNTY 3 to PM3. Poge at death. Department and ofter hours along with form 8. Give Poges tate 3. NAME OF 5 DECEASED the within S. SEX Male Vent pencil in Item 1 Office 2 rd "pending" in pencil in Chief Medical Examiner's

UO bod = File and removol. burial-transit ō cremation, 0 burial, 0 pe prior 3 should its designoted agent,

TO FUNERAL Health or i

PLACE OF DEATH (Type or print)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11350 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Maryland Dorchester MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. write RURAL and give nearest town) Cambridge Cambridge d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 847 Park Lane Cambridge Maryland Hospital Middle 4. DATE Month First OF Woolford E. Aug. George DEATH DATE OF BIRTH 6. COLOR OR RACE AGE (In years 7. MARRIED **NEVER MARRIED** lost birthdoy) 2/15/1895 Negro WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 81RTHPLACE (Stote or foreign country) during most of working life, even if retired) Ahvalabor Maryland Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charlotta Mollock Levin Woolford 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 220-10-6390A Clementine Gibbs Jamaica. N.Y. No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Coronary occlusion IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Dov. Year 2Df. (City or town) factory, street, office bldg., etc.) Hour o.m. Not While at work ot work

21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 7 and in my apinian Inquiry death resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER

SIGNATURE	fel	2-	hr	orey,	
EXAMINER'S	John	Mace	Jr.	M.D.	

66

23c. NAME OF CEMETERY OR CREMATORY Fork Neck Cemetery 23d. LOCATION (City or Town) (County) Dorchester.

1966

2Sb. REGISTRAR'S SIGNATURI

Cambridge.

24. FUNERAL DIRECTOR

230. 8URIAL CREMATION,

CERTIFICATION

MEDICAL

St.Clair Funeral Service

23b. DATE THEREOF

ADDRESS Cambridge, 2So. REC'D 8Y REGISTRAR

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

(County)

Dorchester

28

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

Months

IS RESIDENCE

ON A FARM?

YES NO X

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

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(Stote)

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IF UNDER 24 HRS

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:. TIME OF INJURY Hour o.m. p.m.	Y Month, Day, Yeor 19						20f. (C	ity or town)	(Cou	nty)	(Stote
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o. SIGNATURE	1/4	Ma	ent	M.C	D. PHYS.	X D	MED. DIRECTOR	STAFF PHYS.			
c. PHYSICIAN'S NAME (Type)	J. Edwin	n Fass			727					dge	, Md
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MOTHER'S MAINE George Woolford 16. SOCIAL SECURITY NO. 17. INFORMANT Address A

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages—hand 2 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

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